

Victims of Violence Program 2010-2011

Current Projects

The Trauma Recovery Group: A Practitioner's Guide

co-authored by Michaela Mendelsohn, Ph.D., Judith Herman, M.D., Emily Schatzow, M.Ed, Melissa Coco, L.I.C.S.W., Diya Kallivayalil, Ph.D., & Jocelyn Levitan, B.A. will be published by Guilford Press in late 2010 or early 2011.

The Trauma Recovery Group is an innovative model of group treatment for survivors of interpersonal trauma. Based on a stage model of recovery, the TRG is a time-limited treatment designed for survivors who have achieved basic safety and stability in present-day life, and who are ready to work on the more enduring ways in which trauma has harmed their self-perception, their relationships with others, and their ability to engage meaningfully with the world. Unlike most other trauma groups which have a didactic curriculum, the TRG is organized around members' individualized goals. The group helps each member first to identify, and then to attain, a personal goal related to the trauma; thus each group member has an experience of mastery in affiliation with others.

The TRG is explicitly designed to enlist the healing power of relational connection. Members are helped to develop skills in safe self-disclosure and empathic feedback, so that the processing of trauma memories can take place in a context of restored community. This treatment approach is effective, not only for reducing trauma-related symptoms, but also for relieving shame, improving self-esteem and fostering improved relationships.

Upcoming Presentations:

- Several VOV staff and trainees (Jayme Shorin, LICSW, Robin Zachary, LICSW, and Liz Mongillo, Ph.D.) will be presenting on trauma group treatment at the International Society for the Study of Trauma and Dissociation (ISSTD)
- Micheala Mendelsohn, Ph.D. Melissa Coco, LICSW and Diya Kallivayalil, Ph.D. will be presenting on their upcoming book on trauma group treatment at The International Society of Traumatic Stress Studies this fall.
- Liz Mongillo, Ph.D. and Carla Bernardes will be presenting posters of their research at ISSTD.
- Barbara Hamm, Psy.D. and Mary Harvey, Ph.D. will be offering a day long Institute for the Office of Refugee Resettlement's Annual Competency-Building Conference as well in September.

Upcoming Awards:

The Alexandra Symonds Award is being presented to Judy Herman, M.D., October 2010. The APA gives this award to a woman psychiatrist who "has demonstrated sustained, high-level contributions and significant leadership in advancing women's health."

Abstract of Judy Herman's talk: The Fourth World Conference on Women, in Beijing, 1995, denounced violence against women as a world-wide obstacle to equality and peace, stating that "in all societies...women and girls are subjected to physical, sexual and psychological abuse that cuts across

lines of income, class and culture,” and calling on all member states to put an end to this, the most common form of human rights violation. The fact that such a conference could take place was itself a testament to the development of a world-wide movement for women’s liberation. In the US, since the 1970’s feminist mental health professionals have been active in the movement to raise awareness of both the scope of gender-based violence and its profound psychological effects. This lecture will review the epidemiology of this violence and the social context of shame, isolation, and secrecy in which it occurs. The concept of complex PTSD, which grew out of clinical work with survivors, will be discussed. Finally, the lecture will focus on pathways to recovery, with special attention to the role of groups in alleviating shame and creating a bridge to new community.

Social Justice & Community-Based Collaborations

Violence Transformed 2011

PHOTOVOICE @ Central Street Health Center - NEW

For more information about the photovoice methodology: www.photovoice.org

8 week workshop series, January-February 2011

Contact: Liz Mongillo (617-665-5625) or Barbara Hamm (617-591-6112)

Violence Transformed, an annual event in which local communities join together to celebrate the power of art, artists and art-making to confront, mediate and challenge the prevalence of violence in contemporary society. This year, there is a particular focus on engaging trauma survivors and other at-risk groups in the art-making process and inviting them to transform their own experiences and communities through such engagement.

PhotoVoice is a participatory art form that aims to invert the power dynamics of traditional photojournalism by giving participants whose voices are all too often silenced the tools to document their lives from their own perspective and advocate for positive social change. The goal of the proposed **PhotoVoice Project** is to enable underserved groups served by Cambridge Health Alliance whose lives have been impacted by violence to develop skills in photography and narrative writing and document their journeys “from Risk to Resiliency” in their own words and images.

Collaboration with Community Affairs, The Haitian Mental Health Team & The Haitian Coalition

Haitian Earthquake Trauma Response Initiative (HETRI) Grant

VOV staff will continue to provide support to the staff participating in the HETRI grant as well serving as clinical consultants to all outreach efforts.

Attachment 1

Victims of Violence Program Outpatient Psychiatry Evaluation for Trauma Treatment

Trauma History:

- 1) What is the nature of both past and current trauma exposure? (Age of onset, duration, # of perpetrators. Trauma exposure encompasses victimization by sexual, physical, or emotional violence, witnessing such violence, being involved with or exposed to lethal weapons or criminal activity)
- 2) Does the exposure to trauma have a significant impact on the patient's current functioning? (As current behavioral symptoms tend to illustrate the impact of trauma, please consider the relative stability of the patient's current life in the areas of self care, work, and relationships.)
 yes no

Please describe the impact of the patient's trauma history according to the following domains of complex PTSD

Domain I. Authority Over the Remembering Process:

To what extent is the patient able to choose to recall or not recall traumatic experiences? (Is the attempted recall associated with flashbacks, numbing or avoidance, urges to self harm, or dissociation?)

Domain II. Integration of Memory and Affect:

To what extent is the patient able to remain affectively present while remembering the distressing emotions of the past?

Domain III. Affect Tolerance and Regulation:

How stable is the patient in the face of these remembered emotions? Is the patient able to bear and manage difficult feelings about the past? Is the patient able to bear and manage difficult feelings that arise in their current lives?

Domain IV. Symptom Mastery:

Please describe any current difficulties with safety and self care. Is the patient able to anticipate, manage, contain, or prevent the cognitive and emotional disruption that arises from posttraumatic arousal?

Domain V. Self-Esteem:

To what extent does the patient feel they matter in the world? Is shame or self blame a common theme in their lives, or do they feel worthy of respectful treatment by others? Do they have an image of themselves as capable and competent? How is this manifest in their life currently?

Domain VI. Self-Cohesion:

To what extent is the patient able to experience her/his self as integrated in terms of thought, feeling, and action? (Coping with trauma often requires a dis-integration of affect, somatic awareness, and cognition.)

Domain VII. Safe Attachment:

What is the quality of the patient's current relationships? Have they ever been a victim of domestic violence? To what extent is the patient able to demonstrate and receive feelings of trust, safety, and enduring connection in relationships with others?

Domain VIII. Meaning making:

To what extent is the patient motivated to gain perspective of the impact and consequence of their traumatic past? Does the patient have a larger understanding (intellectual, spiritual, and political) that helps them make meaning of what has happened in their lives.)

Domain IV: Physical Health:

To what extent does the patient's physical health bear the markers of their traumatic past? (Note any neglect of physical ailments, failure to get routine or needed medical care, neglect of daily needs of sleep and diet, somatic numbing or intrusions i.e. flashbacks, nightmares, or chronic self injurious behaviors. Please note as well any positive, healthy physical routines that are currently practiced.

Therapeutic Goals and Foci for Complex PTSD

Domain I. Authority Over the Remembering Process:

Restoration or acquisition of capacity to choose to recall or not recall traumatic experiences.

Domain II. Integration of Memory and Affect:

Restoration or acquisition of ability to feel in the present some of the affects that attended the original experience and to also experience new feelings from reflecting upon it

Domain III. Affect Tolerance and Regulation:

Restore or acquire the capacity not just to tolerate but to actively modulate emotional distress

Domain IV. Symptom Mastery:

Restore or acquire skills for inhibiting risky or ineffective behaviors, and activating and consistently utilizing effective problem-solving and life management tactics

Domain V. Self-Esteem:

Restore or acquire understanding about the origins and falsity of a view of self as defective, failing, incompetent, dependent or irreversibly damaged

Domain VI. Self-Cohesion

Restore or acquire a sense of self as whole, integrated, worthy, and efficacious. Identification of dissociative processes and dissociative sequestering of emotions, thoughts, perceptions, and memories while encouraging personality integration and the integration of emotions and knowledge that have been dissociated.

Domain VII. Safe Attachment.

Restore or acquire internal working models of attachment security and the capacity to selectively engage with and trust others- prevention of reenactments of trauma and re-victimization of self and others; overcoming the dynamics of ambivalent attachments to abusive and non-protective caregivers

Domain VIII. Meaning making:

Restore or acquire an existential sense of life as worth living and a sense of spiritual connection and meaning

Domain IV: Physical Health:

Restore or enhance physical health

Attachment 2

CRISIS INTERVENTION IN THE AFTERMATH OF TRAUMATIC EVENTS

OVERVIEW:

Crisis refers to an acute emotional upset arising from situational, developmental, or socio-cultural sources and resulting in a temporary ability to cope by means of one's usual problem solving abilities (Hoff, LA, People in Crisis).

A person is exposed to a traumatic event(s) according to the DSM IV when 1. the person (or communities) experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others and 2. the person's response involve intense fear, helplessness or horror.

The purpose of crisis intervention and management in the aftermath of traumatic events is to provide time- limited assistance focusing on immediate problem-solving through the use of personal, social and environmental resources.

INTERVENTIONS:

A crisis reaction is a normal response to a traumatic event. Responses include physical, cognitive, psychological, relational, spiritual, and behavioral reactions. Reactions can be variable from intrusiveness to numbing. Interventions assist and support a patient to begin to achieve control over their lives and to connect with the natural process of resilience. Steps involved in any single crisis intervention counseling session in the aftermath of trauma or violence are based on an ecological theoretical framework and intervention. They include:

1. Helping patients establish physical and emotional safety and self-care
2. Validation of feelings as common responses to a traumatic situation
3. Mobilization of internal and external resources
4. Assistance in practical matters (victim assistance, medical follow up, shelter, etc.)
5. Preparation and planning (e.g. upcoming events and today when leaving the session)

Initial Crisis Assessment should include (either from patient or from records):

1. Problem identification:
 - nature of the events
 - safety
 - medical concerns
 - criminal/legal involvement
 - symptoms, reactions
2. Demographic information; immigration/documentation concerns
3. Patient's understanding of the events (e.g. self blame)
4. Support systems available or not available (note: it is not safe to interview couples together when domestic abuse is suspected or present)

5. Present level of daily emotional, cognitive functioning and ability to keep themselves and/or their children safe
6. Pre-event level of functioning
7. Coping and comforting skills
8. Plan for the day(s)
9. Offering of psychoeducational materials (e.g. about common reactions and self care)
10. Contract for future contact, follow-up, referrals to community resources(eg; emergency protection, practical help, support groups)

Short term counseling in the aftermath of trauma is usually for approximately 6-12 weeks and re-evaluated after that as to the needs and frequency. Family, significant others, or the community might also need support.

Acute crime crisis counseling focuses on the impact of the trauma on the patient's current life. Prior traumas from the patients' history may be reactivated as a result of this current crisis. Past experiences can inform current reactions, however, it is not the focus of this type of intervention.

The major tasks of Crisis Intervention Counseling in the Aftermath of Trauma are:

1. Establishing trust
2. Establishing a new equilibrium
3. Assisting patient to identify her/his major concerns and the kind of help that they want and need
4. Education (e.g. regarding rights and resources, PTSD reactions, self care etc.)
5. Mobilizing of the victim/survivor's internal and external resources; support for adaptive coping;
6. Anticipate and prepare for feelings, thoughts, symptoms
7. Assist in developing plans for safety(including domestic abuse, lethality assessment and mandated reporting requirements), support and management of symptoms
8. Begin to note difficulties in coping(including strength based mental status assessment)
9. Evaluate need for further services and/or advocacy

Documentation

Be sure to record presenting problem and brief behavioral assessment and plan.

RESOURCES:

Cambridge Health Alliance

The Victims of Violence Program (VOV): 617-591-6360

Victim Advocacy and Support Team: 617-665-2992

Center for Homicide Bereavement: 617-591-6123

Central Intake for Appointments for acute crime counseling follow-up: 617-591-6033

Psychiatric Emergency Room: 617-665-1560
Medical Emergency Room: 617-665-1430
Multilingual Interpretation: 617-665-3333
Cambridge Public Health Violence Prevention Coordinator; Alexandra Detjens; 617-665-3816
Staffnet regarding abuse policies and domestic violence information
Central Street Clinic/Heritage Computer Common Drive: VOV resources for housing, legal, food pantries, etc.)

Domestic Violence Emergency and Ongoing Supports

Respond: 617-623-5900
Transition House: Hotline 617-661-7203, Business 617-354-2676
Safelink - Statewide: 877-785-2020(multilingual capability)
Violence Recovery Program: Fenway Community Health(serving lesbian, gay, bisexual and transgender communities) 1-800-834-3242

Batterer Treatment

Emerge: 617-547-9879
Common Purpose: 617-522-6500

Rape

Boston Area Rape Crisis Center: Hotline 617-492-RAPE (7273), Business 617-492-8306

Criminal Justice

Victims/Witness Bureau Middlesex County: 617-679-6630; Suffolk County: 617-619-6000
Mass. Office of Victim Assistance: 617-727-5200
Attorney General's Office -Victim Compensation: 617-727-2200

DCF: 800-792-5200 (Including domestic violence specialists)

Elder Abuse Hotline: 800-922-2275

Disabled Persons Protection: 800-426-9009

Tips for Clinicians:

- Be aware of secondary traumatic stress.
- Remember to get support and case consultation.

Prepared by Janet Yassen, LICSW, Coordinator of Crisis Services; VOV; 617-591-6126; February, 2010

References: Hoff, LA: People in Crisis: Understanding and Helping, Jossey-Bass, 2002

Yassen, J & Harvey, M; 'Crisis Assessment and Interventions with Victims of Violence,' in Kleespies, P. Emergencies in Mental Health Practice, Guildford Press, 1998.

Attachment 3

**Victims of Violence Program
Victim Advocacy and Support Team
Intake Form**

A: Client Information

- 1.ID # _____ 2.Name _____
3.D.O.B. _____ 4.SSI _____
4a. Referral date _____ 4b. Intake date _____ 5. Source of Referral _____ 6.
Insurance _____ 7.Race/Ethnicity/Country of Origin _____
8. Preferred language _____ 9. Interpreter needed? Y/N

B. Health

1. Do you have any medical or mental health issues? Y/N
Physical complains _____
Name provider _____
Mental complains _____
Name of provider _____

Service plan _____

C. History of Abuse/crime Victimization

1. Type of Crime _____ 2.Date of Incident _____
3. Relationship to offender _____
4. Do you have any contact with the abuser or offender?
None _____ Face to face _____ Through the third party _____ Telephone _____
Letters/E-mail _____ Live together _____ Other _____
If no, when was the last time you had a contact with the abuser or offender?

5. Length of abuse _____
6. How has the abuser/offender harmed you (physically, emotionally, etc., with or without weapons)?

7. Has the abuser/offender ever threatened to kill you? If yes, please explain.

8. Has the abuser ever threatened to kill family members or friends? If yes, please explain.

Service Plan _____

D. Legal Information

1. Criminal/Civil
a. Criminal Court _____ b.VWA _____ c.DA/Atty _____

d. 209A Y/N Court _____ e. Expiration _____
f. Additional information _____
g. Offender's criminal charges Y/N Court _____
Charges _____ Disposition _____

Service Plan _____

2. Probate/Family

a. Types of cases

Divorce _____ Visitation _____ Custody _____ Child Support _____

b. Court _____ c. Attorney _____

d. GAL _____ e. FSO/Court Clinic _____

Service Plan _____

3. Immigration

a. What status /visa do you have?

Citizen _____ Permanent Resident _____ Temporary Resident _____ Student _____

Working Visa _____ Undocumented _____ Other _____

b. How long have you been living in the United States? _____

c. Offender/Abuser's status?

Citizen _____ Permanent Resident _____ Temporary Resident _____ Student _____

Working Visa _____ Undocumented _____ Other _____ How long has he/she been living in the United States? _____

d. Children's status?

Citizen _____ Permanent Resident _____ Temporary Resident _____ Student _____

Working Visa _____ Undocumented _____ Other _____

e. How long has he/she been living in the United States? _____

e. Any open court case? Y/N

f. If yes,

Types of cases _____ Court _____ Attorney _____

Service Plan _____

E. Housing

1. What kind of housing do you have?

Rent an apartment _____ Own a house _____ Section 8 housing _____ Public housing _____ Shelter _____
Transitional program _____ Other _____

2. Do you feel safe in your current living situation? If no, please explain.

3. Are you looking for housing? What kind of housing?

4. Have you applied for any housing program? Y/N

a. Section 8 voucher program (which housing authority?) _____

b. Public housing (subsidized housing) _____ (Emergency Disability Standard)

c. Transitional living program _____ d. shelter _____ e. Other _____

Service Plan _____

F. Economic Stability

1. Are you currently working? If yes, how much is your monthly income? If no, are you looking for a job? _____
2. If you are not working, what kind of income are you currently receiving (SSDI benefits, DTA benefits, child support, etc.)?

3. Do you need financial assistance for rent, bills, or debt?

4. Do you have any issues with the child support you are currently receiving (e.g., the non-custodial parent does not pay child support regularly, etc.)?

Service Plan (Vocational/Educational schools?)

G. Children

1. Do you have any children? Y/N
Name: _____ Age: _____ Sex: _____ Living together? _____ If no, whom is she/he living with? _____

2. Is/was DSS involved with your family? Y/N
Date of case opened: _____ Closed date: _____ Case worker: _____

3. What kind of support system does your child(re) have (friends, social workers, big brother or sister, counselors, friends, family members, etc.)?

Service Plan:
Academic/School _____
Physical/Emotional _____

H. Support System

1. Whom have you been getting support from?
Friend(s) _____ Family _____ Counselor(s) _____ Social Worker(s) _____
Neighbor(s) _____ Religious Group _____ Police _____ Victim Advocate (s) _____
Others _____

