

HEALING IS A PROCESS

– Anne Beal, MSSW, LCSW, Child, Adolescent, and Family Services Program

Whether healing from a single, limited experience of trauma, or recovering from years of abuse or interpersonal violence, people generally go through a similar process of recovery. Impacts are additive, with each traumatic experience adding its effects. Not everyone will show 'symptoms'. But no 'symptoms' doesn't mean the person isn't affected. The person needs to deal with the physical, emotional, spiritual, social, and intellectual impacts of trauma.

This process may include:

- **Initial and intermittent shock** at what has occurred. Shock may be expressed quietly and without notice, and/or may be life-threatening. The traumatized person may appear calm and unaffected, and others may misunderstand this reaction.
- **Denial.** The person, and others, may try to act as if nothing happened, or minimize the impact. The worst outcomes tend to be associated with dissociating from the trauma in a way that the person can't remember it, or pretending or acting as if nothing happened. This stance doesn't allow people to process the trauma. However, denial is common as an initial stage and allows the person to recover from the shock before addressing the trauma.
- **Fear and anxiety.** Trauma increases people's sense of vulnerability, and questions about subsequent safety may be paramount. Can this happen again? Can I be safe? Who can I trust?
- **Sadness, grief, depression.** There are losses to be grieved, e.g. changes in self-perception and self-esteem, physical injuries, loss of property, loss of a sense of safety in the world.
- **Anger.** Anger can be an energizing force, e.g. as the person places responsibility for the trauma on an abuser, or is just angry about being harmed and takes action to recover.
- **Guilt, shame, self-blame,** and other emotional responses to trauma may need to be processed.
- **Acceptance resolution.** Dealing with how one or one's life has been changed by the trauma, gaining perspective and being able to place the trauma in the past are part of recovery.

WHAT'S HELPFUL TO TRAUMA SURVIVORS (AND FAMILY MEMBERS):

- to be safe;
- to be believed;
- to have control and power over any areas where this is possible, e.g. to participate or not participate in reporting an assault, to decide who to tell and when to tell;
- to have information about ways to manage and alleviate the emotional, physical, spiritual, intellectual, & relationship responses that are problematic;
- to have support in expressing all thoughts and feelings;
- to have someone(s)'s willingness to hear the survivor's stories, and accept their feelings without assumptions or directives about how to feel;
- to be able to talk about the meaning of the trauma, from their perspective
- to have someone understand and normalize their symptoms (or lack of symptoms), including helping them understand how present symptoms (e.g., anger, alcohol/drug use, flashbacks) are related to past trauma;
- to have at least one person in their life who the survivor believes would support and believe them – even if they haven't told that person;
- to know that, while something bad has happened to them, they are valued, loved and loveable, and not to be blamed – they are more than what happened to them;
- to have hope and knowledge that one can recover.

For many survivors it helps to have something to do in response to trauma. People think of reporting and prosecuting in cases of violence, and this may, or may not, be possible or feel useful to the survivor. Re-establishing routines, getting back to work or school; being able to talk, write, act about the trauma; taking a self-defense or dance class; taking classes to learn new skills; work/play/skills that involve using one's body in strong and healthy ways may be very helpful. Connecting with other survivors, being in a support group, involvement in social action, etc. is also often helpful.

Respect for the healing process allows us to understand that healing takes time and that the work sometimes needs to be done in bits and pieces over years. ❖

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"Taking risks and feeling one's vulnerability are often essential elements of change, growth, and healing. Before we can let go of pain, we

often need to explore (merge with) our fears. The real challenge is not to push through or brush aside our roadblocks, but rather to allow ourselves to stay with the struggle. When we merge with a conflict, even for a little while, we're sometimes able to lessen the fear. That's the healing power."

– "Moving into the Fear...", *T'ai Chi Mag.*, Vol. 23, No. 6., '99

CULTURAL TRAUMA

– Rebecca Ramirez, PhD, Associate Manager, Child, Adolescent, and Family Services Program

Cultural trauma, also referred to as intergenerational trauma, is a controversial extension of the concept of psychological trauma. Cultural trauma is used to describe the experiences of groups of ethnic individuals who have endured traumatic experiences by virtue of being affiliated with that group.

Root ('92)* identified three forms of cultural trauma: direct, indirect, and insidious.

DIRECT CULTURAL TRAUMA

Direct cultural trauma includes specific acts against both individuals and cultural communities. Lynchings, beatings and genocidal policies are all examples of specific acts that ethnic groups have endured at the hands of colonial forces and/or political and theoretical ideologies of dominant cultures. These specific acts have taken on new forms in the twenty-first century, but can and do still have a significant impact that governs how ethnic individuals see themselves and the way they interact with the world.

INDIRECT CULTURAL TRAUMA

Indirect cultural trauma is a result of direct cultural trauma, and is sustained by virtue of the dominant culture's response to ethnic affiliation. The Native American experience in boarding schools is an example of indirect cultural trauma. Many Native people were physically and sexually abused in the boarding schools, which were established to rid North America of the "Indian Problem." The main purpose of boarding schools was to assimilate Native children into Euro-American cultural standards and norms. The psychological impact of boarding school directly traumatized those individuals, and also damaged their ability to be psychologically intact for generations to come by forcibly separating them from their language and culture. Many Native families were devastated by the boarding school process and have never recovered from its cultural fallout. Children returned to their families unable to speak their own

language and estranged from their cultural healing practices. Alcoholism, domestic violence and child abuse within Native communities are believed to be the result of both direct and indirect cultural trauma. Furthermore, indirect cultural trauma damages the basic psychological integrity of the family and the larger cultural system.

INSIDIOUS CULTURAL TRAUMA

The third form of cultural trauma as defined by Root is insidious cultural trauma.

This subtle form of cultural trauma may indeed be the most impactful, as it gets at the heart and soul of being an ethnic person. As an ethnic person, one knows that one's social status is devalued based on the characteristics intrinsic to one's identity. As a young

person this message was conveyed to me by well-meaning individuals who made statements like; "You are special, you're not like the others," and "Are you sure you're not Italian?" Although well-intended, the underlying message to me was that there was something wrong with the ethnic group to which I belonged. What makes this form of cultural trauma more traumatic is that individuals within one's own ethnic group and family have subconsciously accepted these ideas and turned them on ourselves, leading to internalized racism. Mothers who tell their children to get out of the sun so they won't get too dark,

and parents who cringe at their adolescent's revelation that he or she is "Chicano/a," are examples of our own ethnic group members telling us we are not valued. All these messages impact the psychological, social, emotional, and physical integrity of the ethnic individual.

Cultural trauma needs to be explored within the dialogue of general trauma. It shapes the world view and the identity of ethnic individuals. It may present, for

some individuals, with the same intensity of symptomatology as if experienced as direct trauma, and it can be present throughout a lifetime. Most importantly, cultural trauma may start at birth by impacting the parent-child bond, and continue to be passed intergenerationally.

The exploration of cultural trauma may offer new insights into the conceptualization of mental health and treatment for ethnic populations. ❖

– * Maria P.P. Root, PhD, Seattle, Washington



"In thinking about healing, I find myself with three impressions. One, healing does not necessarily follow a direct route, and as one navigates this unforeseen journey, it is useful to have guidance. Two, the process of recovery is sped up within the context of a relationship. And finally, relationships are for healing, not hurting."

– "Peace of Mind," AYMTA Jnl, Vol. 9, No. 1, '01

Informing the Policy Agenda for Children, Adolescents and Families Exposed to Trauma

– Lynn A. Brady, MPA, Clinical Programs Director, Mental Health Center of Dane County, Inc.

FEDERAL PERSPECTIVE

In recent years the Federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) has taken a leadership role in developing public policy and supporting clinical services for adults, children and families exposed to traumatic events. Several reports have driven this policy initiative. Foremost among the reports is the *President's New Freedom Commission on Mental Health: Transforming the Mental Health System*, a comprehensive study of the U.S. mental health service delivery system, that recommends improvements in the system across the life span. Other reports include *SAMHSA's Report to Congress on the Prevention & Treatment of Co-Occurring Substance Abuse Disorders and Mental Health Disorders; From Neurons to Neighborhoods: The Science of Early Childhood Development from the National Research Council & the Institute of Medicine, & Mental Health: A Report of the Surgeon General, DHHS, '99*.

Following the events of 9/11 SAMHSA was given the task of establishing a network of treatment providers and researchers in the field of mental health care for children, adolescents and families exposed to trauma. The National Child Traumatic Stress Network (NCTSN) is the result of this effort. This Congressional initiative recognizes the profound, destructive, and widespread impact of trauma on American children's lives. Its purpose is to improve the quality, effectiveness, provision, and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events. The Network will develop and disseminate effective, evidence-based treatments, collect data for systematic study, and help to educate professionals and the public about the effects of trauma on children.

It is also NCTSN's goal to inform the policy agenda around issues of mental health treatment as it relates to trauma. To this end, the NCTSN Policy Core has explored avenues that support the long

term goals of SAMHSA's Action Plan for Children and Families:

1. Increase capacity of states and communities to provide an integrated continuum of services and supports for children and their families
2. Increase the number of children who receive quality mental health and substance abuse services and supports from community-based providers who achieve positive results.

In addition to very specific outcome measures, SAMHSA hopes to see positive, policy oriented process outcomes that include states developing comprehensive plans and infrastructures for the child mental health and substance abuse service delivery system.

LOCAL PERSPECTIVE

In the fall of 2003, the Mental Health Center of Dane County, Inc. was awarded a four-year grant to create the Adolescent Trauma Treatment Program (ATTP), focusing on the early identification and treatment of adolescents exposed to trauma. With this grant, we became one of 54 centers around the country contributing to the National Child Traumatic Stress Network. While this grant is based in the Mental Health Center, its promise lives in the opportunity to form partnerships and collaborative practices across all systems providing services to youth in our community. In year one alone, the grant has provided clinical training and treatment collaboration opportunities to practitioners in many clinical programs as well as the school system.

In year two, our mission expands to explore policy development at the local and state level through the ATTP Advisory Committee. The ATTP Advisory Committee is made up of individuals in leadership positions from local provider agencies, the Dane County Department of Human Services, Child Protective Services, the Juvenile Justice system, law



enforcement, the school system, consumer representation from the child/family system, and state government. As a community, our relationship to the NCTSN provides us with the resources and opportunity to focus on issues of trauma, and ensure that our efforts are relevant and responsive to local needs, thus forming the catalyst for constructing a solid plan, a user-friendly infrastructure, and model policy at the local level. ❖



Supported through a grant from SAMHSA
US Department of Health & Human Services
Grant No. 1 U79 SM56079-01.

Useful Websites

National Child Traumatic Stress Network
www.nctsn.org

Substance Abuse & Mental Health Service
Administration
(Search using the word "trauma")
www.samhsa.gov

REPORTS

President's New Freedom
Commission on Mental Health
www.mentalhealthcommission.gov/

From Neurons to Neighborhoods: The
Science of Early Childhood Development
[www.surgeongeneral.gov/library/
mentalhealth/home.html](http://www.surgeongeneral.gov/library/mentalhealth/home.html)

Prevention and Treatment of
Co-Occurring Substance Abuse Disorders
& Mental Health Disorders
www.samhsa.gov

A nonprofit agency dedicated to comprehensive mental health & substance abuse services, and advocacy

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Newsletter Vol. 2, Issue 3, December 2004



TRAUMA

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- Cultural Trauma
- Informing the Policy Agenda

Change In Leadership

Timothy D. Otis announced in early March 2004 his plans for his retirement after working with the Mental Health Center of Dane County, Inc. for 28 years; approximately the first twenty as Manager of the MHC's Alcohol/Drug Treatment Program and last 8 (plus) years as the agency's Executive Director. Tim will be dearly missed. His leadership has earned him respect and his contributions to the organization, membership, and community have been profound.

The MHC's board and staff are pleased to announce that William C. Greer has accepted the position of Executive Director and will formally assume these duties 12/15/04. After conducting a national search, the agency's Board of Directors voted unanimously to offer him the position at their meeting on September 22.

William's tenure with the MHCDC began in the mid-70s

when he joined the clinical staff in Emergency Services, followed by Adult Clinical Services. From 1979 to 1998, in his role as Program Manager, he was instrumental in the initiation and oversight of many innovative and comprehensive services including – mental health services at the Dane County Jail, Mobile Outreach to Seniors Team (MOST), Southeast Asian Outreach, Medication Services, and Project FACE. In 1998 his responsibilities broadened as an Associate Director of the agency, and from 2000 to present he has assumed the role of Director of Operations.

During an extensive selection and interview process, William shared his vision and perspective with a variety of groups that included a hiring committee, Board of Directors, consumers of MHCDC services, and management/staff. We welcome William to his new role and look forward to his leadership and vision.

MHC

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Supporting the diverse strengths and needs of individuals &

families as they work through challenges and towards goals.

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