

**SAMHSA's**

**WOMEN AND VIOLENCE STUDY**  
TRAUMA SERVICES IN PUBLIC MENTAL HEALTH

# 1970'S - PERIOD OF AWAKENING

**Feminism kick-starts broad awareness of women's experience of violence:**

- Rape, Domestic Violence, Childhood Incest and Physical Abuse highlighted.
- Depression common experience following violence.
- Women-to-Women Services developed at grassroots level, and a Federal Rape Research Center at NIMH was created.
- President Carter's Commission on Mental Health Report devotes a special panel to the impact of violence on women with mental illness.



# 1980'S – PERIOD OF HIBERNATION

Federal retrenchment of social services by New Administration also impacts women's services:

- “Drying Up” of dollars and formal services led consumers to build own grass roots network.
- Articles appeared that highlighted numbers of consumers with trauma backgrounds and need for services, but resources such as the Rape Center terminated anyway.
- Violence Against Women declared by leading researchers to be a “Normative Developmental Crisis,” but therapists still ignore, deny, or punish consumer accounts of trauma.




# PERIOD OF GESTATION


- Creation of SAMHSA in 1992 led CMHS to sponsor “Dare to Vision” meeting for a large number of female consumers together with some administrators and clinicians to set new priorities for action for the 1990’s.
- The convergence of so many consumers with long histories of violence was a stimulus and opportunity for self disclosure that was electric in its impact.
- The stories that poured forth were all about their experiences of sexual abuse at home, in schools and hospitals, on the streets, followed by the re-creation of this same terror in the hospital through multiple experiences of seclusion and restraint.
- This abundance of stories made it crystal clear where CMHS priorities should lead.




# TRAUMA LEGACY FOR THE 21<sup>ST</sup> CENTURY

- Following the agenda setting for treatment priorities for women with histories of violence and co-occurring mental health and substance abuse disorders, SAMHSA brought the three agencies together to develop a joint Trauma RFA.
  - What was spelled out was a two phase program: Phase 1 for two years for 14 sites nationally to develop the program model specified in the RFA; and for Phase 2 an additional three years for 9 sites who were able to demonstrate that their program was evaluable.
  - A cross-site interview protocol was implemented for baseline, and 3, 6, 9, and 12 month follow-ups. Over 2,700 women were interviewed and included in final analyses.
- 


# **WOMEN, CO-OCCURRING DISORDERS, AND VIOLENCE STUDY (WCDVS) OVERVIEW**

- WCDVS was a nationwide 5-year longitudinal study of outcomes and costs associated with developing, delivering, and implementing a comprehensive, integrated, trauma-informed and consumer-involved treatment program for women with histories of co-occurring mental health and substance abuse disorders who have histories of trauma and interpersonal violence.
  - Nine sites participated in the 3-year outcome study (2000 to 2003).
  - These sites represented various settings (rural vs. urban) and regions of the United States. Each site chose comparison agencies that represented usual care with comparable populations.
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# WHAT DID EACH WCDVS INTERVENTION ENTAIL?

- Each site's intervention provided comprehensive, integrated, and trauma-informed services through an outreach engagement strategy or program.
  - Agencies also had to provide screening and assessment services, ongoing treatment, parent skill training, peer run services, resource coordination and advocacy, crisis intervention, and trauma specific treatment. Women participated in services and were followed up for 12 months.
  - Outcomes were measured in 3 separate domains (mental health, substance abuse, and post traumatic symptoms). The Global Severity Index (GSI) of the Brief Symptom Inventory (BSI) measured general distress and mental health. ASI and ASD measured substance abuse severity, and Post Traumatic Symptom Severity Scale (PSS) measured post traumatic symptoms.
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# WHAT WAS LEARNED ?

- On average, women in treatment improved over time. Findings at 6 and 12 months suggest that integrated counseling (i.e. group and individual therapy that addressed mental health, substance abuse, and trauma) was the key element associated with better outcomes.
  - Gains made by women at 6 months in substance abuse behaviors and mental health and trauma symptoms were largely maintained or improved between the 6 and 12 month follow-up.
  - At 12 months the effect sizes for mental health and posttraumatic symptoms show statistical improvements.
  - Further, at 12 months the mental health effect size doubles and the post traumatic symptoms effect size increases by almost half.
- 



# WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

- Results of WCDVS suggest that women with multiple problems , specifically dual diagnosis and a history of interpersonal abuse can improve. Furthermore, integrated, comprehensive, and trauma-informed services may be more effective than the usual disintegrated approach to service provision and should be more widely adopted by service providers.
- Since the close of WCDVS and subsequent broad and systemic brokering of this model approach to treatment of women for these issues, extensive adoption of this model has taken place in the United States and in Europe and Asia.



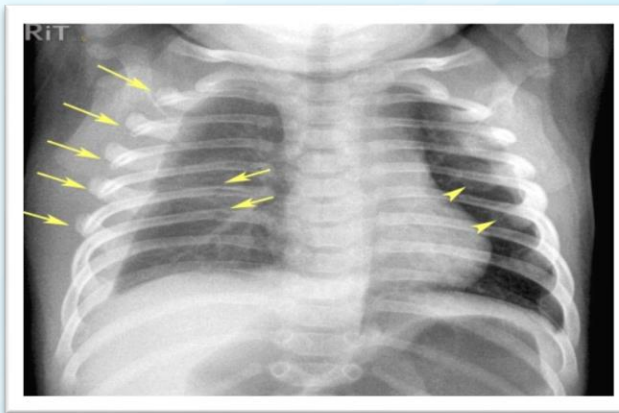
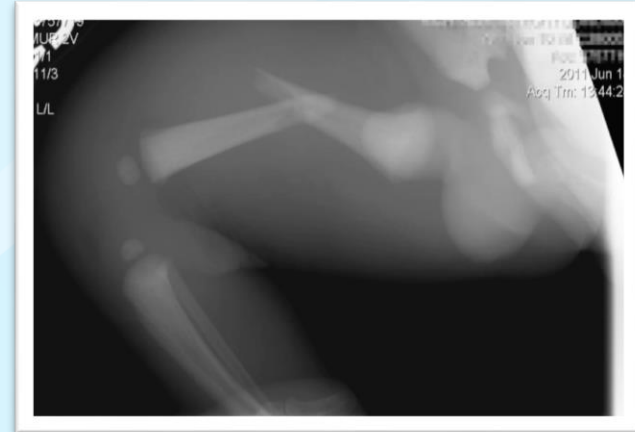
**20  
YEARS** | Celebrating  
the past,  
protecting  
the future

# **Adverse Childhood Experiences: Impacts on Health & Wellbeing across the Life Course**

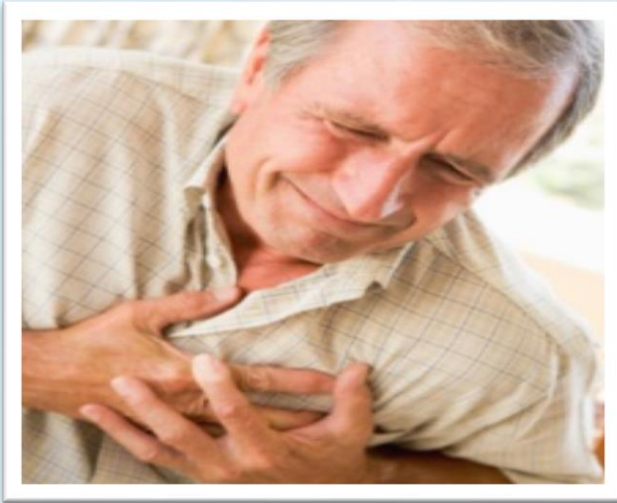
Melissa Merrick, PhD  
Behavioral Scientist, CDC/NCIPC

May 29, 2014

**When you think of child maltreatment you likely picture this...**



**...but probably not this.**



# **THE CDC/KAISER ACE STUDY**

# **The ACE Study**

- **Kaiser Permanente and CDC**
- **Retrospective cohort study of an HMO population with average age of 57 years**
- **Over 17,000 participants**

**[www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy)**

# Categories of ACEs

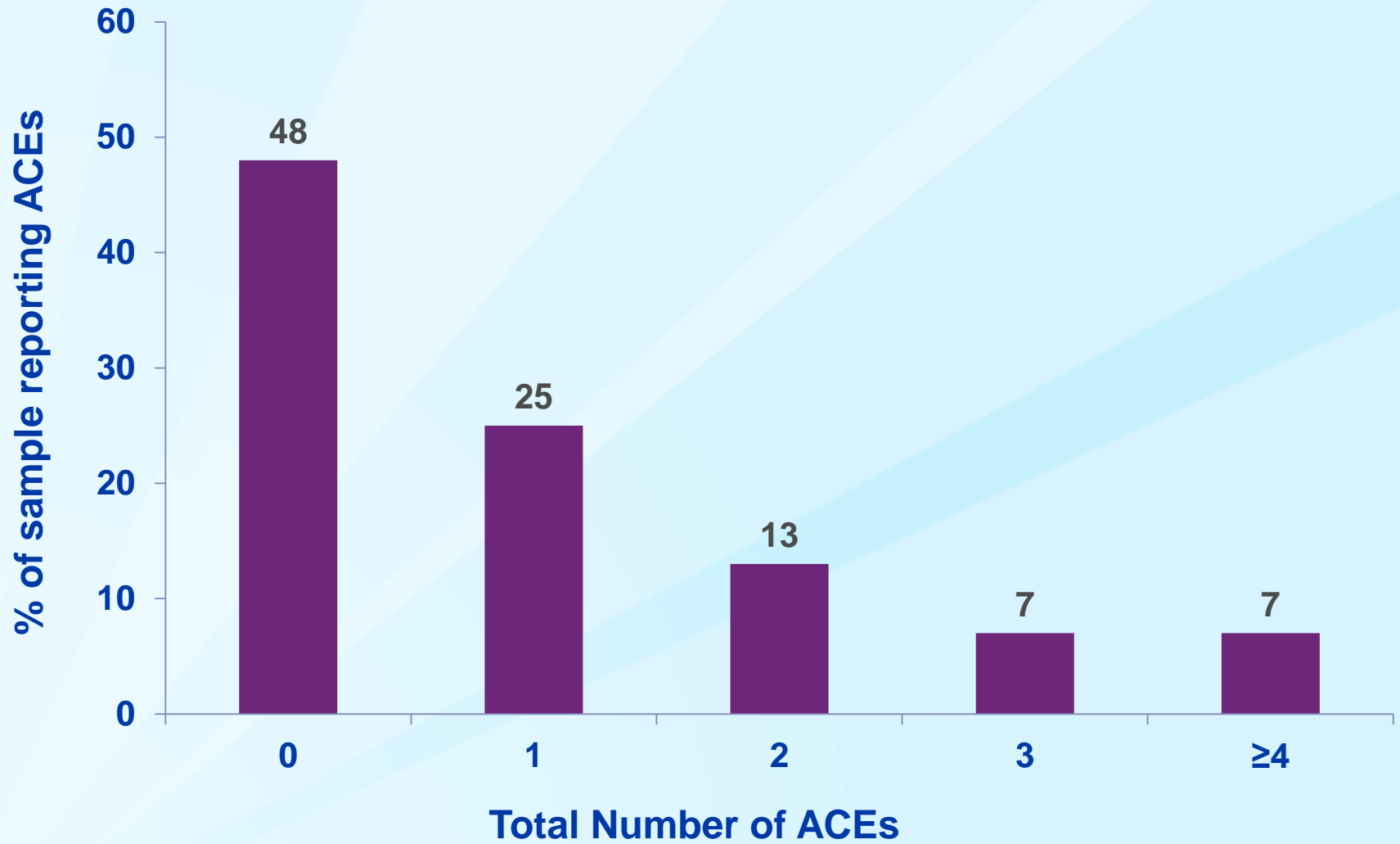
- **Abuse**
  - Emotional
  - Physical
  - Sexual
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
- **Neglect**
  - Emotional
  - Physical
  - Parental separation or divorce
  - Incarcerated household member

# ACE Score

- Total number of categories of ACEs that each participant reported
- Example: Experiencing physical abuse as a child is an ACE score of one. Experiencing physical abuse plus witnessing IPV is an ACE score of two.



# ACE Score



# ACE STUDY FINDINGS

As ACE score goes up, so does risk for:

## Health-risk Behaviors

- ❑ Sexual promiscuity
- ❑ Sexual perpetration
- ❑ Alcohol abuse
- ❑ Illicit/injected drug use
- ❑ Smoking

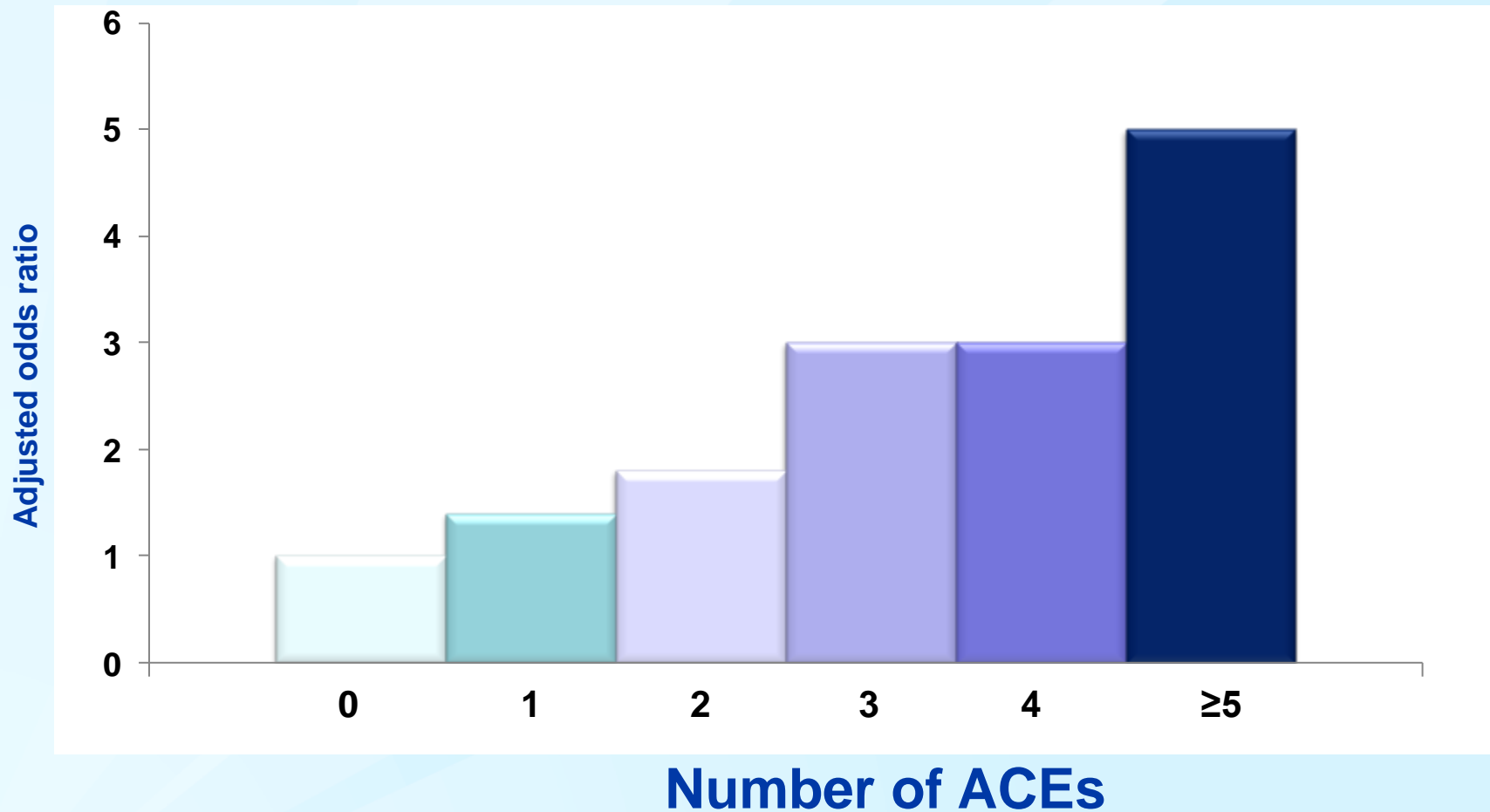
## Disease and Injury

- ❑ STDs, including HIV
- ❑ Gynecological problems
- ❑ Heart disease
- ❑ Diabetes
- ❑ Stroke
- ❑ Cancer
- ❑ Suicide

## Mental health and well-being

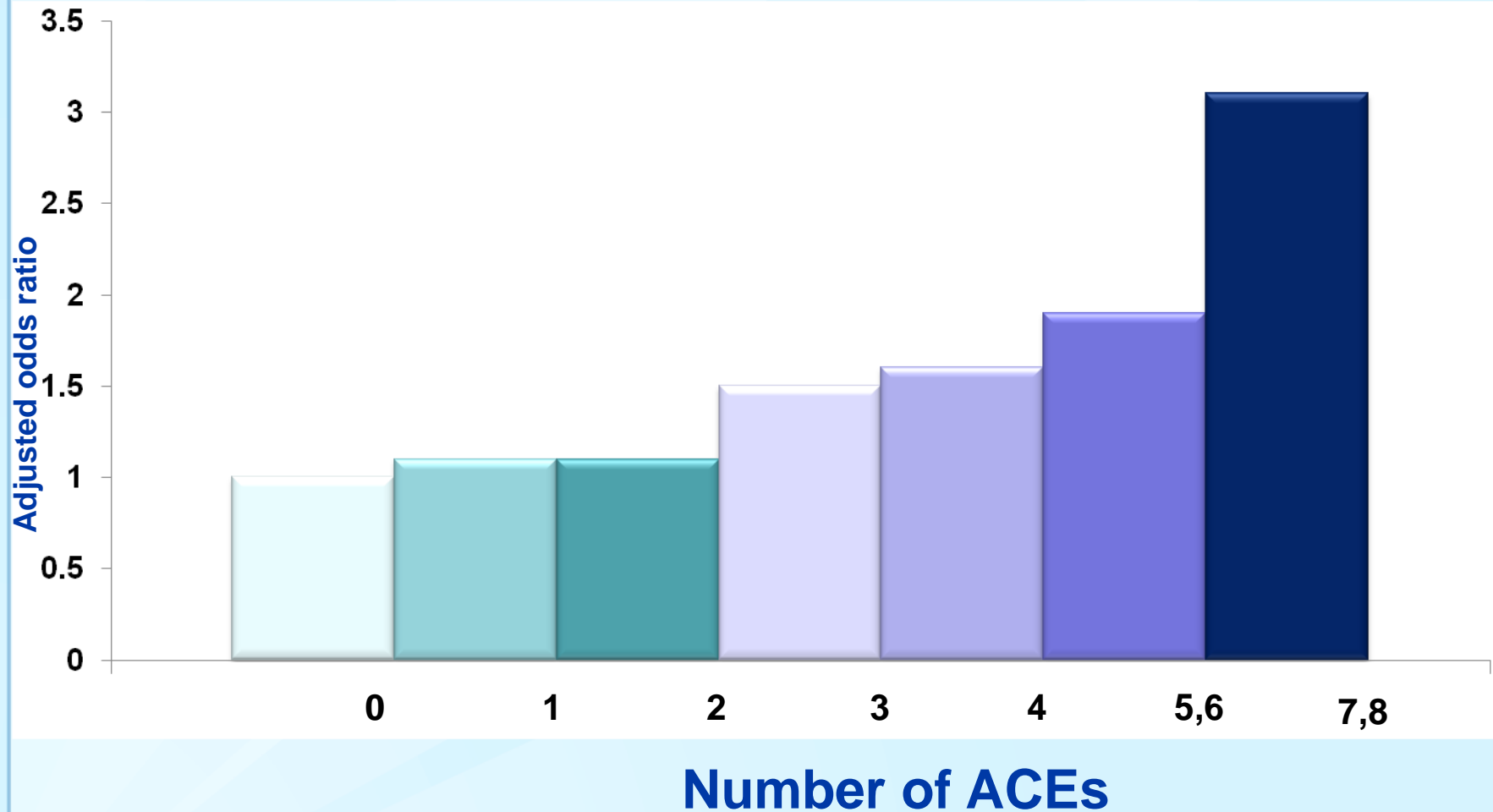
- ❑ Depression, post-traumatic stress disorder (PTSD)
- ❑ Aggression
- ❑ Anxiety
- ❑ Somatic complaints
- ❑ Attempted suicide
- ❑ Social ostracism
- ❑ Anxiety
- ❑ Academic achievement
- ❑ Re-victimization
- ❑ Unwanted pregnancy
- ❑ Job problems; lost time from work

# ACE Score and Adult Depression



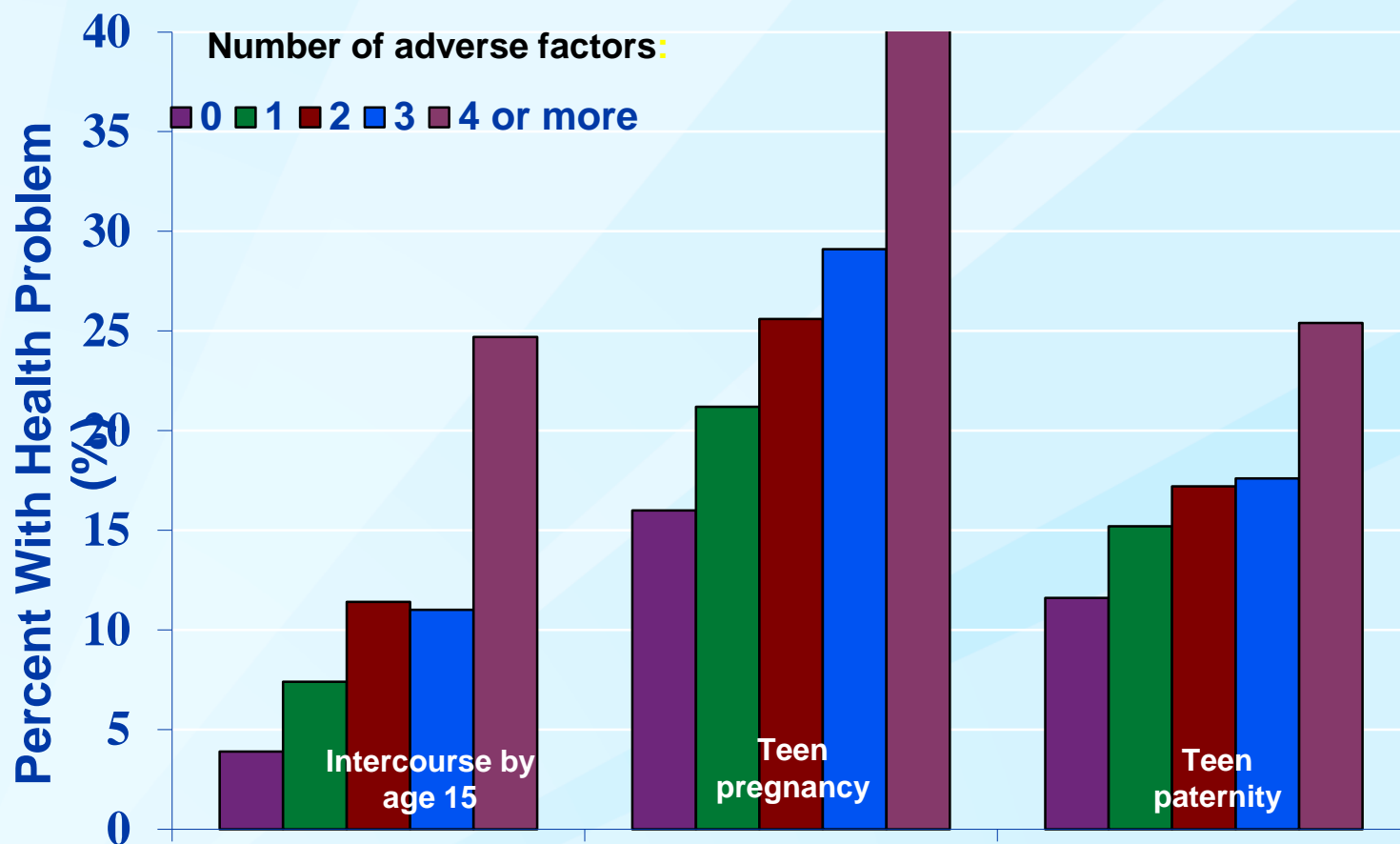
Chapman, DP et al. *Journal of Affective Disorders* 2004;82:217–225  
Gonzalez, O et al. *MMWR* 2010;59(38):1229-1235

# ACE Score and Adult Cardiovascular Disease



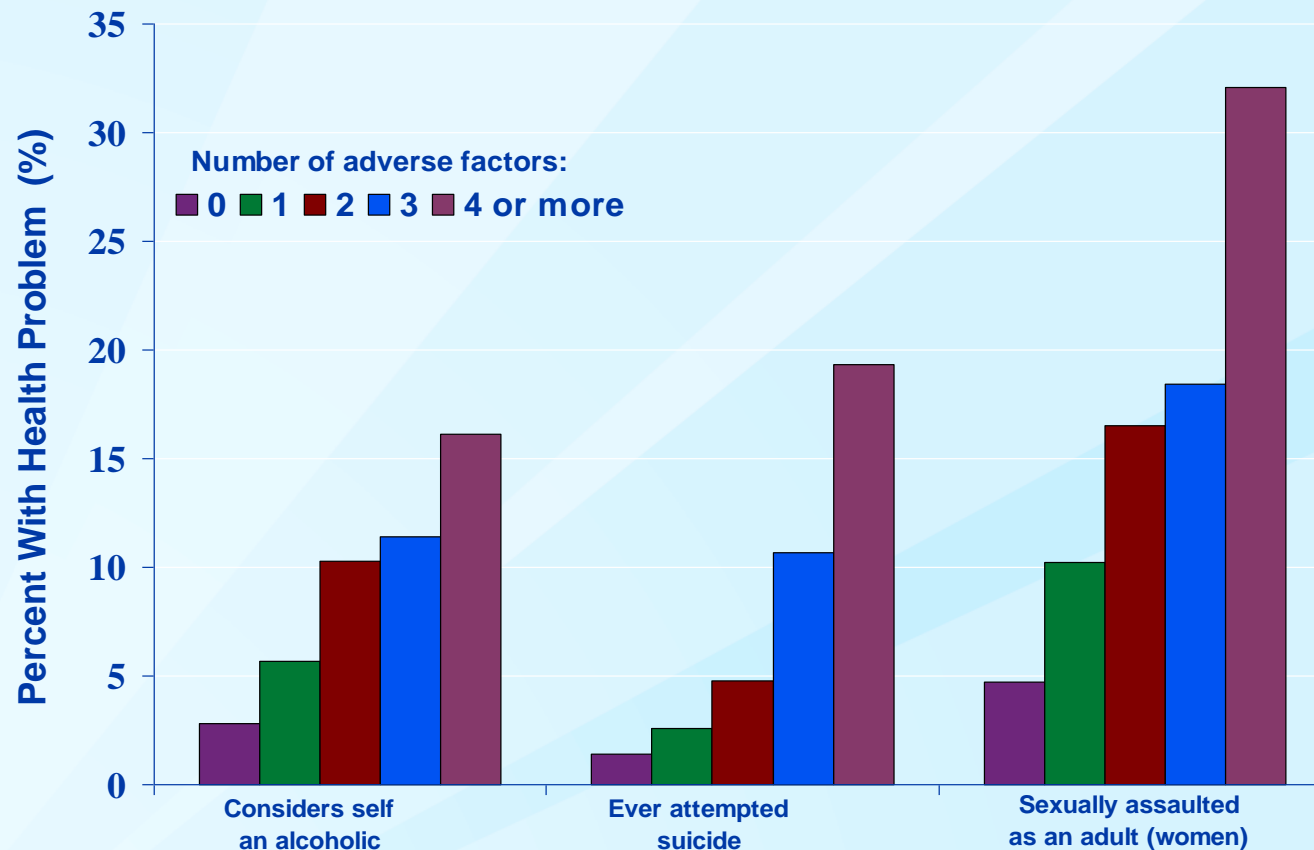
Dong M, Giles WH, Felitti VJ, Dube, SR, Williams JE, Chapman DP, Anda RF (2004). Insights into causal pathways for ischemic heart disease: Adverse Childhood Experiences Study. *Circulation*;110:1761–1766.

# ACEs & Teen Sexual Behaviors



Hillis SD, et al.. Adverse childhood experiences and sexual risk behaviors in women: a retrospective cohort study. *Family Planning Perspectives* 2001;33:206–211.; Hillis SD, et al., The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial outcomes, and fetal death. *Pediatrics* 2004; 113(2):320–327.; Anda RF, et al. Adverse childhood experiences and risk of paternity in teen pregnancy. *Obstetrics and Gynecology* 2002;100(1):37–45.

# ACEs & Alcoholism, Suicide Attempts, or Sexual Assault



Felitti VJ, et al., Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245–258; Whitfield CL, et al., Violent Childhood Experiences and the risk of intimate partner violence in adults: assessment in a large health maintenance organization. *Journal of Interpersonal Violence* 2003;18(2):166–185.

# **ACES IN CHILDREN AND ADOLESCENTS**

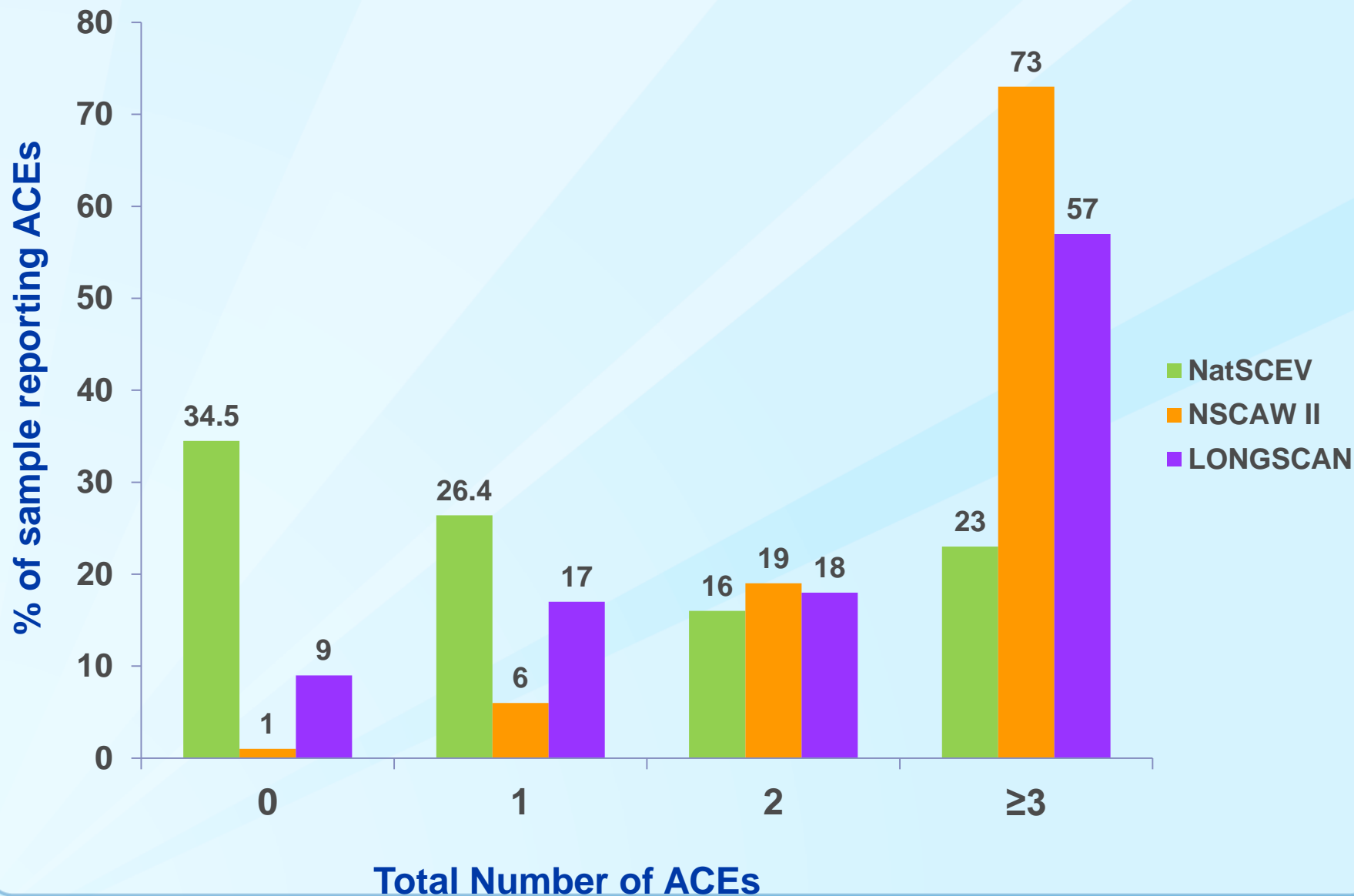
# ACEs in Children & Adolescents

| ACE Constructs                  | NatSCEV | NSCAW II | LONGSCAN                    |
|---------------------------------|---------|----------|-----------------------------|
| Physical Abuse                  | •       | •        | •                           |
| Sexual Abuse                    | •       | •        | •                           |
| Physical Neglect                | •       | •        | •                           |
| Emotional Neglect               | •       | •        |                             |
| Psychological / Emotional Abuse | •       | •        | •                           |
| Caregiver Treated Violently     | •       | •        | •                           |
| Household Substance Abuse       | •       | •        | •                           |
|                                 |         |          | (caregiver only)            |
| Household Mental Illness        | •       | •        | •                           |
|                                 |         |          | (caregiver depression only) |
| Parent Separation or Divorce    | •       | •        |                             |
| Incarcerated Household Member   | •       | •        | •                           |

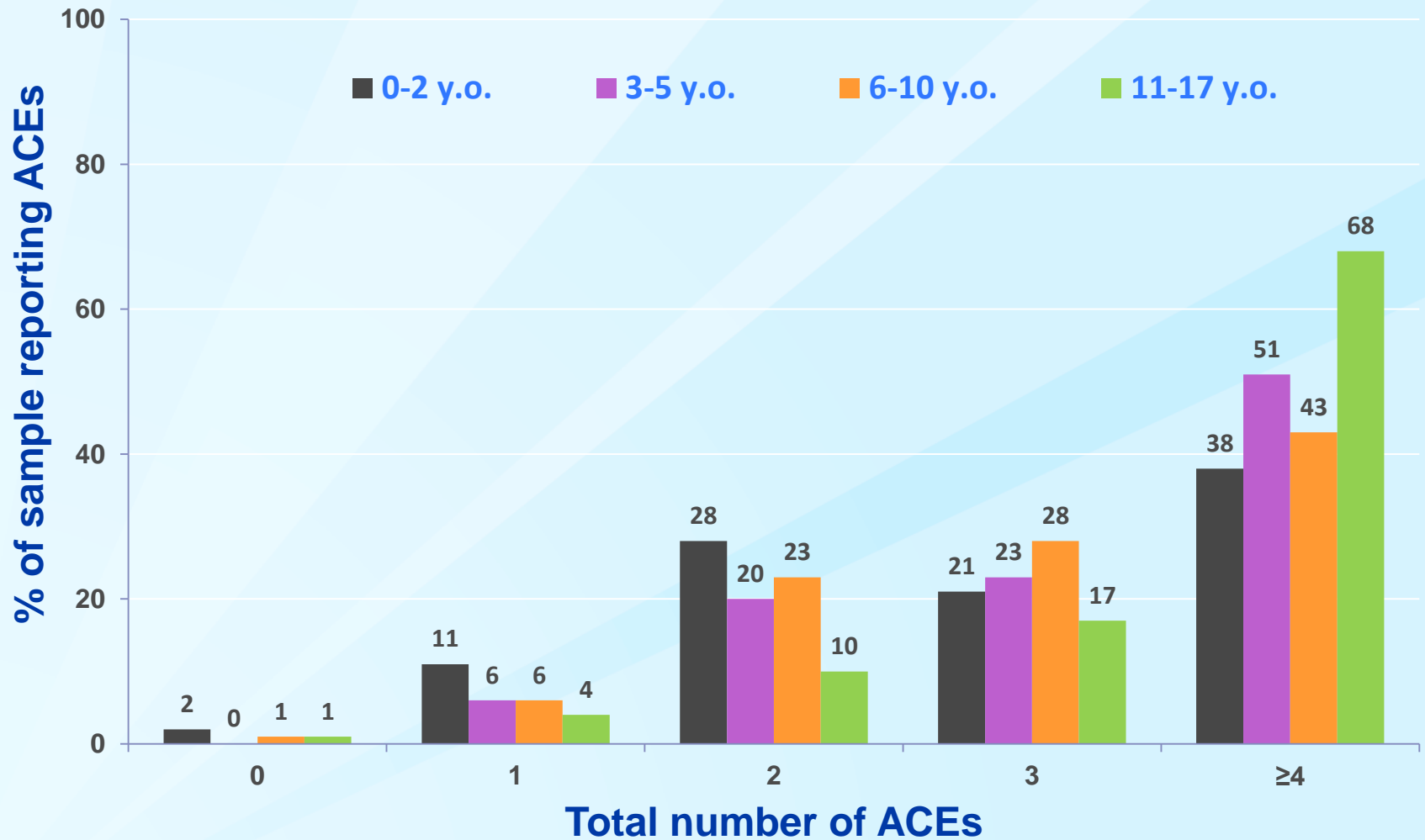
NatSCEV=National Survey of Children's Exposure to Violence; NSCAW II=National Survey of Child and Adolescent Wellbeing 2; LONGSCAN=Longitudinal Studies of Child Abuse & Neglect



# ACE Score



# NSCAW II: ACEs by Age Group

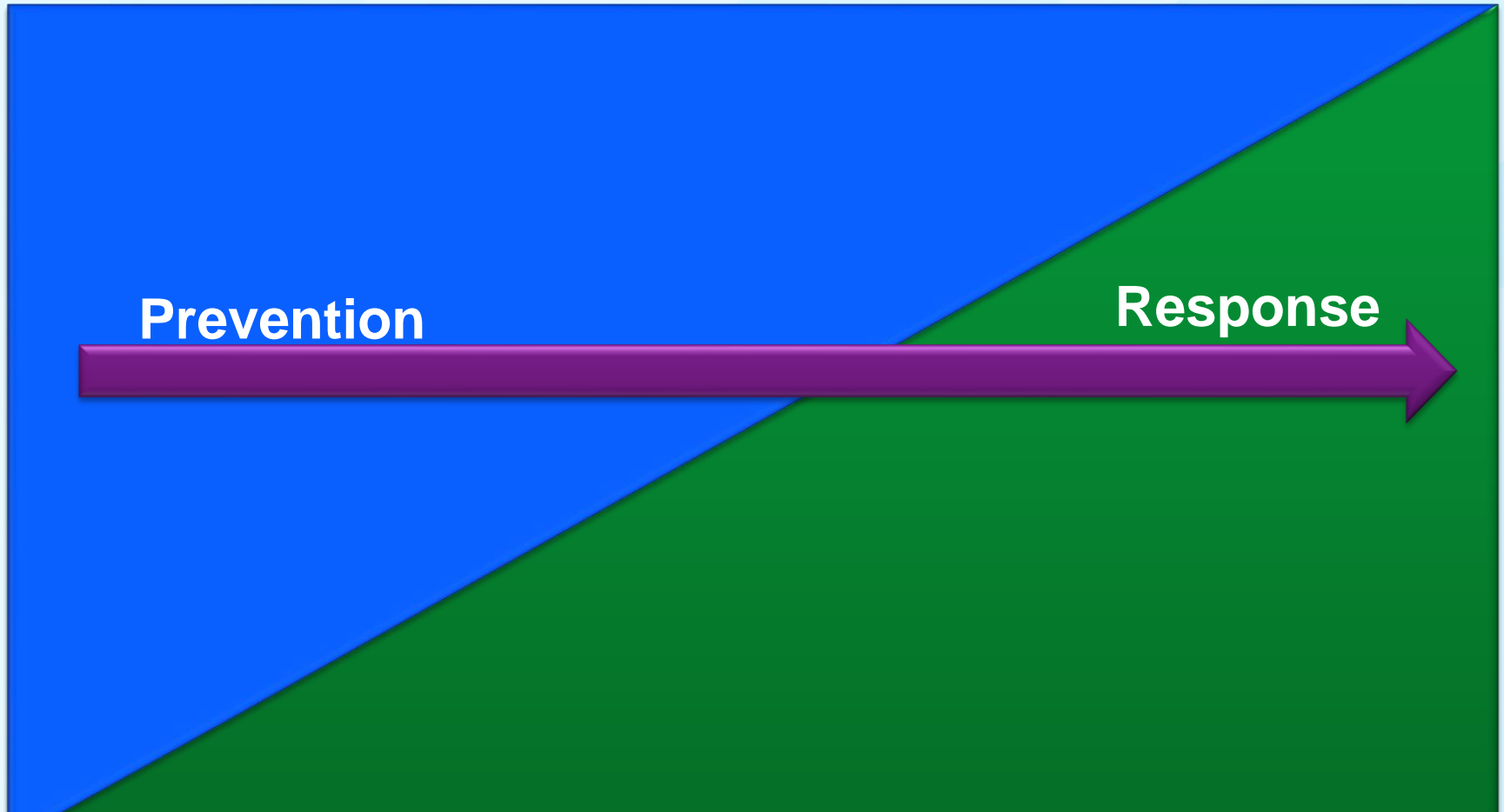


# Crittenton ACE Pilot

- 916 girls served by Crittenton
  - 253 young mothers
    - 59 moms in juvenile justice
    - 42 moms in child welfare
- 58.4% self identified as youth of color or bi/multiracial
  - 41.7% White

| Group   | Total Score |     |    |
|---|-------------|-----|----|
|   | 4+          | 5+  | 10 |
| Original CDC study women  | 15%         |     |    |
| All girls served by Crittenton (n=916)                            | 53%         | 42% | 3% |
| All young mothers served by Crittenton (n = 253)                  | 61%         | 48% | 4% |
| Young mothers in juvenile justice and served by Crittenton (n=59) | 74%         | 69% | 7% |
| Young moms in child welfare and referred to Crittenton (n=42)     | 63%         | 48% | 8% |

# Role of Public Health in Violence Prevention



**Role of Criminal Justice, Child Welfare, Social Service**



## Assuring Safe, Stable, Nurturing Relationships & Environments for All Children

- ❑ CDC Special Supplement: Interrupting Child Maltreatment across Generations through Safe, Stable, Nurturing Relationships

<http://www.cdc.gov/violenceprevention/childmaltreatment/interrupting-child-maltreatment.html>





- Raise Awareness & Commitment
- Use Data to Inform Action
- Create the Context for Safe, Stable, Nurturing Relationships & Environments





# Thank you!

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[www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy)



***The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.***

*Seeking Safety:*  
**An evidence-based model for  
trauma and/or addiction**

Lisa M. Najavits, PhD

Boston University School of Medicine / VA Boston

Harvard Medical School / McLean Hospital



# *Seeking Safety*

- Can be *training* or *treatment*
- Highly flexible (length, format, dosage, etc.)
- No training nor certification is required (public-health oriented)
- The lowest-cost PTSD model available (only the book needed)
- Easy to learn; and very safe
- Used for over 18 years in many different settings
- For both genders; any type of trauma (combat, military-sexual); any type of substance
- Can be done by any clinical staff (and peers); no degree required

# Alternate titles for group

- *Seeking Strength*
- *Safe Coping Skills Group*
- *Safety Group*
- *Strength Through Safety*

# Widespread implementation

*Seeking Safety* has been successfully implemented...

- For general *stabilization* (even if no PTSD nor SUD)
- For complex and vulnerable populations:
  - mTBI, domestic violence, homeless, criminal justice, adolescents, serious mental illness, limited reading skills/illiterate, cognitive impairment, deaf, multiple comorbidities including Axis II
- Non-English speaking (translated into 9 languages)
- Highly ethnically diverse clients

# *Seeking Safety* Outcomes

- 15 pilot studies (phase I)
  - Men and women veterans (Cook et al., 2006)
  - Women veterans (Weller, 2005)
  - Women outpatients (Najavits et al., 1998)
  - Women in prison (Zlotnick et al., 2003)
  - Women in community treatment (Holdcraft et al., 2002)
  - Men outpatients (Najavits et al., 2005)
  - Women in community treatment (Young et al., 2004)
  - Returning veterans (Norman et al., 2010)
  - Men veterans (using French translation of SS) (Daouest et al., 2012)
  - Incarcerated women (Wolff et al., 2012)
  - Men and women with PTSD and pathological gambling (Najavits et al., 2013)
  - Peer-led SS (Najavits et al., in press)
  - Inpatient men and women (Searcy & Lipps, 2013)
  - Women in community treatment, New Zealand (Benton, 2013)
- 5 controlled trials (phase II)
  - Community-based men and women (Hien et al., under review)
  - Low-income urban women (Hien et al., 2004)
  - Adolescent girls (Najavits et al., 2006)
  - Women in community treatment (Gatz et al., 2007)
  - Men veterans (Boden et al., 2011)
  - Women in prison (Lynch et al., 2011)
- 3 multisite trials (phase III)
  - Homeless women veterans (Desai et al., 2008, 2009)
  - Women with co-occurring disorders/violence (Morissey et al., 2005)
  - Women in community treatment (Hien et al., 2009, 2010, 2011)
- 2 dissemination studies
  - Hills et al. (2004); Brown et al. (2007)

[\[www.seekingsafety.org\]](http://www.seekingsafety.org) has a summary of each study]

# Worse Outcomes

## Clients with PTSD and substance abuse

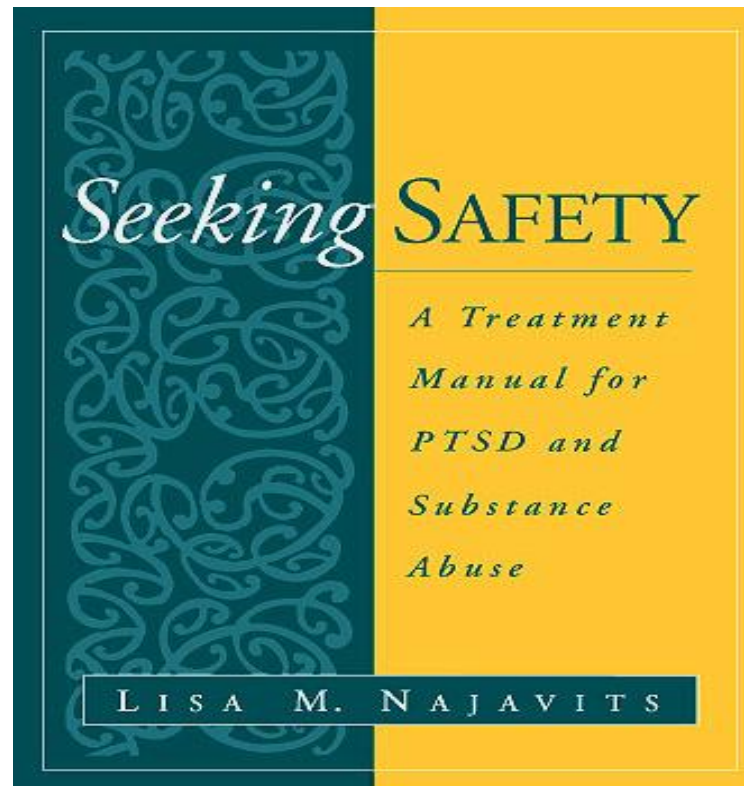
- Improve less
  - Have worse coping
  - Have more distress
  - Have more positive views of substances
- than those with substance abuse alone

*Ouimette et al. (1998, 1999)*

For More Information

[www.seekingsafety.org](http://www.seekingsafety.org)

# *Seeking Safety* Book



# Training options

- On-site training (no limit on number of attendees)
- Training DVDs
  - Optional: training facilitation guide
  - Optional: online learning (with or without CEs)
- Theme-based calls
- Fidelity rater training / supervisory training
- Just use the book on own



# ✦ How is PTSD addressed?

- Not at all
- Focus on the present (current symptoms, psychoeducation, coping skills)
  - e.g., *Seeking Safety*
- Focus on the past (describe traumas)
  - e.g., *exposure, eye movement desensitization and reprocessing (EMDR), “telling your story”*

# Phases of Recovery

Stage 1: Safety (present)

Stage 2: Mourning (past)

Stage 3: Reconnection (future)

*(adapted from Herman, Trauma and Recovery, 1992)*

Seeking Safety  
focuses only on  
first phase treatment --

SAFETY

SAFETY

versus

DANGER

# Seeking Safety

*Focuses on:*

- Coping skills
- In the present

“If life knocks you down seven  
times, you get up eight”

Chinese proverb

# Format of the treatment

- 25 topics: cognitive, behavioral, interpersonal
- Flexible:
  - Can do few or many sessions
  - Group or individual treatment
  - Open or closed groups
  - Women, men, or mixed
  - Adult or adolescent
  - Session length and pacing can vary

# Session Format

- Check-In
- Quotation
- Content: Relate topic to current and specific problems in clients' lives
- Check-Out



# Check-In

*Since the last session...*

1. How are you feeling?
2. What good coping have you done?
3. Any substance use or other unsafe behavior?
4. Did you complete your commitment?
5. Case management update

## **Sample Quotation**

“You are not responsible for being down, but you are responsible for getting up.”

**Jesse Jackson**

# Topics

- Introduction / Case Management
- Safety
- PTSD: Taking Back Your Power
- Substance Abuse
- Asking for Help
- Detaching from Emotional Pain (Grounding)
- Taking Good Care of Yourself
- Setting Boundaries in Relationships

# Grounding

*Goal: Use all your senses to focus outward on the world rather than inward toward the self*

[Rate feelings before and after, 0-10]

- *Physical*: Touch and describe objects (textures, colors, shapes)
- *Mental*: Play a “categories” game (e.g., TV shows)
- *Soothing*: Describe a safe place

# Taking Good Care of Yourself

## DO YOU...

- œ Have annual medical check-ups? Y / N
- œ Spend within your financial means? Y / N
- œ Take all medications as prescribed? Y / N
- œ Always drive substance-free? Y / N
- œ Avoid walking alone at night? Y / N
- œ Have at least 1 social contact every week?  
Y / N

# Topics

- Community Resources
- Recovery Thinking
- Compassion
- Creating Meaning
- Commitment
- Honesty
- Coping with Triggers
- Healing from Anger

# Topics

- Discovery
- Self-Nurturing
- Getting Others to Support Your Recovery
- Respecting Your Time
- Healthy Relationships
- Integrating the Split Self
- Red and Green Flags
- The Life Choices Game (Review)
- Termination

All topics are *ideals*—  
to inspire hope



# Key Question

How did you try to  
cope with that situation?

# Check-Out

1. Name one thing you got out of the session (and any problems with it)
2. What is your new Commitment?

# Key Words

Safety...

Respect...

Honor...

Healing...

# The Treatment Philosophy

- Safety as the priority
- Integrated treatment of PTSD and substance abuse
- A focus on ideals
- Content: Cognitive, behavioral, interpersonal, and case management
- Structure and flexibility
- Simple, human language
- Attention to clinician processes

# Safe Coping Skills

- Grounding
- Ask for help
- Persistence
- Cry
- Honesty
- When in doubt, do what's hardest
- Avoid avoidable suffering
- Ask others
- Inspire yourself
- Leave a bad scene
- Move toward your opposite
- Compassion
- Try an experiment
- Find meaning
- Take responsibility
- Say what you really think

# If it Works in Miami...a Model Program for Serving Traumatized Human Beings

Presented by

Teresa Descilo, MSW, MCT  
Founder & Executive Director

The Trauma Resolution Center

[www.thetrcenter.org](http://www.thetrcenter.org)

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# Mission & Purpose

The mission of the TRC is to provide relief and resolution from traumatic and accumulated stress.

The purpose of the program is to deliver an in-depth service to traumatized human beings so that they are empowered, will not deteriorate due to the impact of trauma, and can function without the need of ongoing community intervention.



# Healing Starts With Our Intent

- Our wish for you is that when you are done with our services that you aren't a victim, survivor or consumer, but a renewed and enhanced you.
- 





# Agency History



- Result of a task force
- Asked to provide services because of traumatology experience
- Housed in the SAO for four years
- We are mainly funded by our local government – Miami-Dade County
- We have served more than 12,000 people since 1995
- The TRC is the first trauma-informed and trauma-focused Community Mental Health Center in the US
- We are the first state licensed trauma-specific intensive out-patient program in Florida



# Who We Serve

- Victims of every type of crime, including domestic violence, torture, human trafficking and family members of homicide victims
- At least 20% of our clients are refugees, many have no status
- At least 20% recovering from addiction
- At-risk youth
- Disaster victims
- Drug Dependency Court, Jail Diversion Program
- Over 80 countries
- Significant portion only speak Spanish or Creole
- 80% women
- The majority have no health coverage

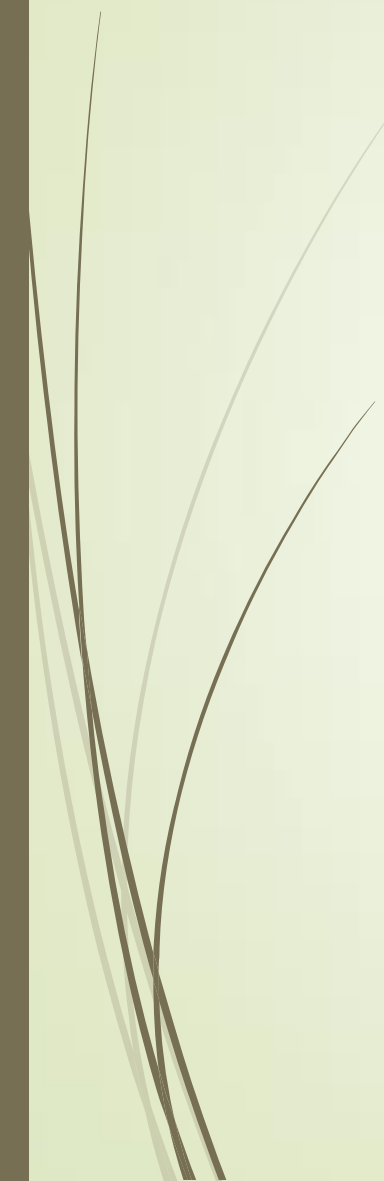


# Our Discipline

- The agency culture is informed by the discipline taught by Traumatic Incident Reduction, social work and Eastern practice:
- We create a safe space in order for our clients to process painful material. Important aspects of a safe space are:
  - Client-Centered
  - Devoid of the helper's issues
  - Acknowledgment that we are interacting with a human **Being**



# On Creating Safety


- Recognizing what is lovable
  - No evaluation
  - No interpretation
  - No judgment
  - Untimed sessions
  - Client chooses what is addressed (most of the time)
  - Remaining Present
- 



# On Creating Safety 2



## Be Nice or Leave

- 
- This sign in reception is for everyone. Our agency is an oasis for people to heal. This can only occur in a safe setting.



# No Double Standards

## My Role

The good and the bad news: I take care of my staff

- All staff engage in personal trauma work
- Those with a self-care routine take precedence in hiring
- Regular self-care is mandatory
  - Weekly breathing & meditation
  - Access to healers
  - Scheduling sessions when 'life happens'



# Services

- Individual treatment - Viewing
- Psychoeducational Groups
- Advocacy – Personal and System
- Acupuncture, Massage, Ayurveda
- Yoga, Breathwork, Singing Bowls
- Community Resiliency Programming
- Training
- Evaluation and Expert Testimony
- Community Resiliency Programming



# Our Core Service-Traumatic Incident Reduction

- Helps a person form a conscious memory of a traumatic event
  - bleed-off the sensory/emotive aspects
  - enable a person to remember the event with no physiological trigger
  - WOUND VS SCAR

## Building Resiliency

- Not all clients are able to tell their stories right away
  - Other treatment protocols are engaged in to build ego-strength
  - Holistic practices are offered to lower arousal, build consciousness and heal the body



# How TIR differs from other modalities

- TIR is the only trauma-specific approach that teaches a specific discipline for delivery
- TIR is the only trauma-specific approach that does not require prior credentials for training
- TIR is relatively easy to learn
- TIR takes people beyond eliminating symptoms to a state of increased empowerment
- TIR generally resolves one trauma per session, whereas other modalities often require multiple sessions per trauma
- TIR can be used with many different client populations
- Because it is extremely client-centered, TIR has been accepted by people from more than 80 countries
- **People experience posttraumatic growth**



# Holistic

- The body can take much longer to recover
  - Acupuncture, chiropractic, massage
  - Energy work
  - Breathwork, yoga, meditation
    - Easiest way to change physiology is to change the breath
    - Clients receive breath and meditation CD



# Psychoeducational Groups

## **Understanding Our Behavior**

- Learn the reasons for anxieties, depression, memory loss and what to do about it.

## **Breaking the Cycle and Starting a New Life**


- We'll set goals and go over what to expect  
In your journey at TRC

## **How Can I Love Someone Who Abuses Me?**

- Learn about trauma bonds, what causes them and what can be done.

## **About Domestic Violence**

- What is domestic violence, how it colors our lives and affects our children



# This Intervention is effective for everyone except those:

- ▶ who are actively psychotic
- ▶ with true personality disorders
- ▶ actively abusing a substance
- ▶ too medicated to respond
- ▶ mentally incapable of following the process due to genetics, brain injury or age




# University of Miami

- We have been in partnership for five years
  - One dissertation completed on our data – 100 women from 20 different countries
- This year, our long-term lead, Amelia Swanson, has received a fellowship and works 20 hours a week
  - Writing articles from existing data
  - Setting up research for posttraumatic growth
  - Setting up research for neuro-cognitive testing

# Who We've Trained

- ▶ **Susan B. Anthony Center** – Broward County  
<http://www.susanbanthonycenter.org/> Assists mothers with addiction. Residential and outpatient
- ▶ **Amethyst in Columbus, Ohio** <http://www.amethyst-inc.org/> Also assists mothers with addiction. Residential and outpatient
- ▶ **Center for Family and Child Enrichment** – Miami - <http://www.cfceinc.org/>  
Assists kids and families in the dependency system. One staff supervisor has become a trainer and many clinical staff are now providing children and families TIR.
- ▶ **Akwesasne Mohawk Tribe** – trained people in their mental health and substance abuse clinics. Actively in use. Working toward establishing their own TRC
- ▶ **Miami-Dade County –Community Action/Health and Human Services Department** in conjunction with Judge Jeri Cohen and Drug Dependency Court sent us 4 clinical staff that we are continuing to train for implementation of our model in all of their substance abuse facilities.
- ▶ **North County Lifeline** – San Diego <http://www.nclifeline.org/> After training one employee, a second workshop was completed in April and there are now six staff providing TIR to their clients.



# Research, Info and Training Links

- Trauma Resolution Center Website
  - [www.thetrcenter.org](http://www.thetrcenter.org)
- Traumatraining.net
  - [www.traumatraining.net](http://www.traumatraining.net)
- National Registry of Evidenced-Based Practices & Programs
  - [www.tir-nrepp.org](http://www.tir-nrepp.org)
- SAMHSA Sponsored movie about the agency
  - [www.trcmovie.org](http://www.trcmovie.org)



# Dr. Vince Felitti Statement

I write as the co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study of 17,334 adult participants at Kaiser Permanente, dealing with the relationship of ten common categories of adverse life experiences in childhood to emotional state, biomedical disease, and social malfunction fifty years later. As a result of this experience and our over seventy publications, I have come to value the work of the Trauma Resolution Center in Miami, Florida. This unusual, trauma-focused program has a history of providing effective services for victims of crime who have developed posttraumatic stress disorder, depression, and/or anxiety because of their victimization. (September 5, 2013)





## kintsukuroi

(n.) (v. phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken



# Lessons Learned



- Given the opportunity, people can heal
- Anyone who is motivated, can facilitate this work
- Facilitating Trauma Resolution accelerates growth and healing opportunities **for the facilitator**: they must commit to their own work
- There will be resistance and lack of cooperation from those who are unwilling to do their own work and/or who are attached to the status quo