Women's Resource Centers of Western Massachusetts/Salasin Project
(Developing and Implementing the Model of Growth and Recovery)

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Narrative Adapted by Rene Andersen and Maura Pieciak
from narrative developed by WMTC and TFWRC
History of Women’s Resource Centers of Western Massachusetts

• SAMHSA’s Women, Co-Occurring Disorders & Violence Study (1998)

• Franklin County Women’s Research Project (FCWRP) – a non-clinical, rural project, designed, implemented and evaluated by consumers/survivors/recovering women was one of 9 funded sites of the study and the basis for the Model of Growth and Recovery

• The FCWRP was innovative, integrated, gender-specific, peer-driven, community-based intervention for women with histories of trauma, interpersonal violence, substance addiction, and history with the mental health system

• Two centers grew from this work (TFWRC and GWRC) and the overarching Salasin Project to meet needs of women in Franklin County

• VISION Statement: Develop a healing community by breaking the cycle of intergenerational violence and expanding safe environments for women and their families throughout Western Massachusetts
Model of Growth & Recovery

- Developed by 12 CSRs over a period of 12 months, describing/deconstructing their recovery journeys

- Model of Growth and Recovery assumes relationships as the cornerstone of recovery

- The model can be used for individual’s growth and recovery; by organizations developing trauma-informed programs, practices and policies; and by communities creating conditions to support healthy families
What is Trauma?

The human experience of *interpersonal violence* – including physical and sexual assault, domestic violence, child abuse or neglect, and/or the witnessing of violence.
Definition of Trauma

The definition of trauma as adapted from the Transformation Center: *Trauma and the Peer Movement (2008)*

- Trauma shapes and informs our interactions with ourselves and others

- It has a profound impact on our body, mind, and spirit, often resulting in isolation, disconnection, learned helplessness, humiliation, shame, rage, self-loathing, guilt, and adverse physical conditions, including addiction
Definition of Trauma continued

• Traumatic Events can be shocking and terrifying

• These events can include violence between people, abuse of any kind, neglect, institutionalization, disasters or war

• Trauma often involves betrayal by a trusted person or institution

• Recovery from trauma is possible for all. The healing experience is transformative
The Experience of Trauma

• The experience of interpersonal violence is universal, pervasive, and can be extremely damaging – psychologically, physically and developmentally

• Trauma can be experienced, interpreted, and healed in a variety of different ways, according to cultural, social, and individual factors – even the language used to describe it varies between groups
Trauma is Pervasive

National community-based surveys find that between 55 and 90% of us have experienced at least one traumatic event. And individuals report, on average, that they have experienced *nearly five traumatic events in their lifetimes*

(Jennings, 2003)
Violence Leads to Multitude of Vulnerabilities

- *Poverty and unemployment* are more prevalent among victims/survivors than the general population.
- From 50-90% of women hospitalized for *psychiatric* reasons have been abused.
- Over 85% of people in *homeless* shelters and *jails/prisons* have been abused.
- Increased risk of disease and disability.
- Chronic stress.
- Greater risk of re-victimization.
- Addiction as a major coping strategy.
Adverse Childhood Experiences (ACE) Study
Vince Felitti, MD and Rob Anda, PhD

- Largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (17,421 participants)

- The majority of participants were 50 or older (62%), were white (77%) and had attended college (72%). Sixty-six percent of the women reported at least one childhood experience involving abuse, violence or family strife
Two Important finding of the study

• “Adverse childhood experiences are vastly more common than recognized or acknowledged”

• “Adverse childhood experiences have a powerful relation to adult health a half-century later”

The Relationship of Adverse Childhood Experiences to Adult Health: Turning Gold into Lead, Vincent J. Felitti, MD, page 3
• Adverse Childhood Experiences lead to Social, Emotional, and Cognitive Impairment, which then leads to the adoption of Health-risk Behaviors, which then leads to Disease, Disability, and Social Problems, which eventually can lead to early death.

Pyramid from Center for Disease Control: www.cdc.gov/nccdphp/ACE/pyramid.htm
Model of Growth and Recovery

Basic Needs

Valued Roles

Recontextualization

Wellness

Safety

Empowering Relationships

Skill Development

Altruism/Activism

RECOVERY

GROWTH

Developed by the Franklin County Women’s Research Project, Western Massachusetts Training Consortium
Greenfield, MA
Holyoke, MA
BASIC NEEDS

• Food, snacks and beverages available at the centers
• Shelter
• Clothing, free clothing exchange
• Childcare offered at all programs
• Transportation, especially relevant in rural communities
• These basic needs are offered either directly from the Women’s Centers or through referrals to appropriate and respectful community providers. The referral relationship exists beyond the mere sharing of information and is followed up by staff and/or volunteer to assure connection
• Meeting women’s basic needs begins the healing journey
SAFETY

• Each women is accepted for where she is on her healing journey and treated with dignity and respect
• Welcoming, inclusive and hospitable
• Confidentiality honored
• Posted agreements and guidelines for use of space
• Honoring women only space
• Assuming trauma is the norm not the exception
• Predictability – knowing what to expect regarding people, places, and things at the centers including schedules, agendas, notices, phone messages, etc.
• Clear and consistent boundaries – by both participants and staff
• If someone acts inappropriately, the behavior is addressed in a kind and respectful manner – it is not ignored
• Participants of the women’s centers share responsibility of trauma-informed practice, hospitality, information sharing and support
• Shared responsibility for appropriate responses to conflict or sensitive issues
• Frame questions utilizing trauma-informed practice and empowerment (i.e. “At this time, is it safe for you and are you able to…) allowing time for reflection and feedback before seeking response
• Establishing safety is fundamental to breaking physical isolation and establishing trust
EMPOWERING RELATIONSHIPS

• Moving from disconnection to connection; breaking emotional isolation

• Learning from and with each other
  - validating each other’s experiences
  - being heard, valued, and encouraged to voice ideas, concerns, and recommendations
  - providing clear feedback, problem solving and evaluation of programs, activities, and supports

• Acknowledging that we/women are experts in the history of our lives

• Validating and supporting women’s role in the development of their own healing – women choose what they need when they need it

• Moving the conversation from “what’s wrong with you to what happened to you?”

• Minimizing hierarchy

• Mutual relationships built on trust, understanding and respect
SKILL DEVELOPMENT

• Recognizing adapting survivor coping strategies (often called symptoms by the mental system) and translating them into skills that are valued by our selves and others

• Offer opportunities to explore new skills and interests

• Women learn new skills that are transferable and useful in daily life (positive conflict resolution, communications skills dev., goal setting, providing feedback, active listening, group facilitation, problem solving, etc.)

• Women leave the centers fueled with the strength to tackle issues and complications of the world beyond our doors

• The S.O.A.R. program provides training to assume valued roles within the Women’s Centers

• Women are supported to deepen their knowledge by offering opportunities for application of learning

• Opportunities for skill development are offered so that women may strengthen their sense of self and strengthen their connection to their communities
VALUED ROLES

• Opportunities for valued roles including:
  - support group leader (ATRIUM)
  - program facilitator
  - wellness facilitator
  - advocate
  - grant writer, grant recipient
  - trainer

• Staff is hired from within our community of persons with lived experience/survivor

• Women hold positions of power and influence (WAG, Board, evaluators, consultants) – now they are the experts and authorities

• Women shift from a sense of worthlessness to knowing our value as members of our community. As a result, we are perceived by the community as valuable contributors to the common good.
RECONTEXTUALIZATION

• Making meaning of our experiences

• We are no longer solely defined by the wounds of our past experiences

• Our experiences become the source of our strength, value and compassion

• Strengths are gained
  - “Strong in the broken places”
  - “I like who I am”
  - “…self-acceptance and self-forgiveness
    “Transforming from the victim to the hero of our story.””
ACTIVISM/ALTRUISM

• Moving beyond self-advocacy and involvement to advocacy for others

• Understanding that “my healing is dependent on yours;” our lives are intertwined

• Realizing that breaking the cycle of intergenerational violence is the responsibility of each of us – together

• Our community expands from the table at the Women’s Centers to the larger community; to a seat at the table at local, state and national venues
WELLNESS

• The ability to give and receive love and acceptance

• Changing our perceptions of self in the world (i.e. come to love and value ourselves)

• Providing support for causes and/or individuals

• Willingness and courage to accept all that life is and to continue to grow and recover

• Wellness is a journey not an end
Model of Growth and Recovery

Developed by the Franklin County Women's Research Project, Western Massachusetts Training Consortium
Greenfield, MA
Holyoke, MA
Five Questions for Trauma Informed Practice

• A Check-in Tool for Trauma-Informed Interactions:

• To be trauma-informed is to take into account knowledge about trauma – its impact, interpersonal dynamic, and paths to recovery. To provide trauma-informed services is to incorporate this knowledge into all aspects of offered support. Trauma-informed practice recognizes the centrality of trauma in people’s lives and understands the impact that has on the way people interact with the world. In order to assess whether or not you are using a trauma-informed approach, you can ask yourself the following 5 questions:
Five Questions for Trauma Informed Practice

1. SAFETY: Am I doing all I can to be mindful of the physical and emotional safety of others?

2. TRUSTWORTHINESS: Am I being clear and consistent with my expectations and interactions with others? Am I maintaining appropriate boundaries? Am I creating an atmosphere of respect and acceptance free of judgment?

3. CHOICE: Am I providing those I interact with experiences of choice and control?

4. COLLABORATION: Am I allowing an approach of collaboration and sharing to be at the center of my interactions?

5. EMPOWERMENT: Am I fostering an environment where an individual’s own strengths, experiences and uniqueness can be highlighted and built upon?

Adapted by WMTC, July 2008 From R. Fallot, Ph.D. and M. Harris, Ph.D. “Community Connections, www.ccdc1.org”
Summary

No matter what door a person walks through, when basic needs are met, safety is established, empowering relationships are built, there is access to skill development, and value of what a person contributes is recognized, a person’s own story and value can be recontextualized, which leads to wellness and the opportunity to give back what has been received.
Hope

Trauma most often occurs in the context of human interaction, healing also occurs within the context of human interactions when human dignity and respect are an integral part of the interactions. My goal here has been to provide a framework and language for what others have experienced in their quest for growth and recovery from trauma.
FOR MORE INFORMATION

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