Maryland’s T.A.M.A.R Program

Trauma, Addictions, Mental Health, and Recovery

Presenter

- Alisha F. Saulsbury, LCSW - C
  T.A.M.A.R. Trauma Specialist/Clinical Supervisor
  For All Seasons Mental Health Clinic
Hypothesis

Repeated and prolonged traumatic experiences, often occurring in childhood, may negatively impact mental health and result in maladaptive, risky behaviors resulting in incarceration. This sequence is likely to repeat unless treatment specific to the needs of the person with the trauma history are met and detention center staff are knowledgeable about the effects of trauma.

Learning Objectives

1. To understand the benefits of trauma specific care from the consumers’ perspective
2. To know Maryland’s long term commitment to trauma care and the development and implementation of the T.A.M.A.R. model
3. To be introduced to trauma treatment through a discussion of the 15 treatment modules presented in the T.A.M.A.R. project
4. Review the connection between trauma and criminal activity and the need for jail-based mental health care
Trauma Impact Loop

What is Trauma?

- Definition (NASMHPD, 2006)
  - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters

- DSM IV-TR (APA, 2000)
  - Person’s response involves intense fear, horror and helplessness
  - Extreme stress that overwhelms the person’s capacity to cope
What does trauma do?

- Trauma shapes a child’s basic beliefs about identity, world view, and spirituality.
- Negative beliefs and views require adaptations
- Symptoms are ADAPTATIONS
- Using a trauma framework, the effects of trauma can be addressed and a person can go on to lead a “productive” life.

(Saakvitne, Gamble, Pearlman & Lev, 2000)

Consequences of Trauma

Faulty control methods:
- Over-control
- Self-blame
- Passivity
- Addictive behavior
- Self-harm

Impaired attachments:
- Warmth by friction
- Interpersonal skill deficits
Prevalence of Trauma
Mental Health Population – United States

- 90% of public mental health clients in have been exposed to trauma
  (Mueser et al., in press, Mueser et al., 1998)
- 51-98% of public mental health clients in have been exposed to trauma
  (Goodman et al., 1997, Mueser et al., 1998)
- Most have multiple experiences of trauma
  (Mueser et al., in press, Mueser et al., 1998)
- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood
  (Goodman et al., 1997)

Prevalence of Trauma
Substance Abuse Population – U.S.

- Up to two-thirds of men and women in SA treatment report childhood abuse and neglect
  (SAMSHA CSAT, 2000)
- Study of male veterans in SA inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD
    (Triffleman et al., 1995)
- 50% of women in SA treatment have history of rape or incest
  (Governor’s Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)
What does the data tell us?

- The majority of adults and children in psychiatric treatment settings have trauma histories.
- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety.
- A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories.

The History of TAMAR

- SAMHSA Women and Violence Site
- Maryland only site addressing the needs of incarcerated women
- Began in 1999 in 3 local detention centers
- Currently serving 10 sites in Maryland
- Piloting in 2 Ohio detention centers
- Provides mental health, substance abuse, and trauma treatment for men & women in detention centers and State psychiatric hospitals

TAMAR PROGRAM
Tamar’s Story

In the Old Testament, Tamar was a daughter of King David. Tamar’s half brother Amnon raped her. The author of II Samuel writes that afterwards she tore her clothes and retreated into her brother’s house. She is not mentioned in the Bible again.

Preparing for Implementation

- Trauma training for community agencies
- Trauma training for Correctional Officers and staff
- Correctional Cross-training for TAMAR clinical staff
- Symptoms and behaviors are adaptations
The RICH Model

- Respect
- Information
- Connection
- Hope

(Saakvitne, et al, 2000)

R.I.C.H.

- Be an ally
- Safety and respect
- Boundaries work with survivors
- Use connection to help people manage their feelings and memories
TAMAR Program Components

- Administered by Master’s level, licensed mental health clinician
- Individual sessions
- Group sessions
- Linkage to case management and aftercare

How is TAMAR Accessed?

- Screening administered at facility intake
- Trauma Specialist does in-depth assessment on those that screen “positive” for trauma
- Program is explained and offered to eligible individuals
Trauma Assessment Tools

- Trauma Symptom Inventory (TSI) by Briere
- Dissociative Experiences Scale (DES) by Carlson and Putnam
- Stressful Life Experiences Screening by Stamm

More Tools

- Traumatic Antecedents Questionnaire (TAQ) by van der Kolk
- Structured Interview for Disorders of Extreme Stress (SIDES) by van der Kolk
- Modified PTSD Symptom Scale by van der Kolk
More Tools – Child Specific

- Dissociative Features Profile (DFP) by Silberg
- Trauma Symptom Checklist for Children (TSCC) by Briere

TAMAR

- TAMAR is a 15-week program that delivers 30 trauma related topics or exercises to individuals 18 years of age and older who are detained in one of the participating detention centers.
- Modules incorporate psychodynamic therapy with expressive art therapy and psycho-educational techniques.
- Eligibility requirements include having a history trauma and/or a history for a mental health condition and/or an alcohol or drug use or abuse disorders.
TAMAR Groups

- Meet twice a week for 90 minute sessions
- Groups of 6-8 individuals
- Voluntary, no good time or credit earned for participation

TAMAR Treatment Manual

- Module 1 – What is Trauma
- Module 2 - What is abuse?” and ”What is Emotional Abuse?
- Module 3 - What is abuse (sexual)/Female Sexuality
- Module 4 - Trauma and Addiction
- Module 5 - HIV/AIDS Education and Condom Skills
- Module 6 - Communication and Negotiation Skills
- Module 7 - Containment- The Concept of Self-Regulation
- Module 8 - Grounding” and ”Imagery
- Module 9 - Distress Tolerating Skills” and ”Distress Tolerance
- Module 10 – Self-Soothing
- Module 11 - Boundaries and Safety
- Module 12 - Trust and Intimacy
- Module 13 - Parenting
- Module 14 - Life Story
- Module 15 - Closing Ritual
TAMAR: Module 1 (example)

- Session I Coming Together (Responsibility)
  - WHAT IS TRAUMA?
    - Meeting A
      - Who cares, why bother, and what's in it for me?
    - Materials
      - Managing Traumatic Stress Through Art page xv
  - Goal - each member will be able to demonstrate an understanding of the meaning of psychological trauma.
  - Goal - each person will say at least one sentence about herself in the group.
    - Meeting B
    - Materials
      - Poetry therapy
      - Creative re-structuring in trauma treatment
  - Goal - members will complete exercise in group.
  - Goal - members will take away one idea about how to keep safe.

Module 1

What is Trauma?

- Who Cares, Why Bother, What's in it for Me?
  - Recognition of traumatic reactions makes management of survivors’ much easier
  - A little bit of trauma awareness goes a long way
  - Ongoing trauma treatment across a continuum of care is a major contributing factor to reducing recidivism in this population
Module 2

What is Abuse?

- Physical and Emotional
  - Goal is to recognize behaviors/actions that constitute physical and emotional abuse
  - Recognize the impact of physical and emotional abuse on their lives

Module 3

What is Abuse?

- Sexual Abuse
  - Goal is to recognize how sexual abuse has impacted their lives.
  - Recognize self-defeating thoughts and behaviors and begin to develop their right to a healthy self-concept
Module 4

Trauma and Addiction
- Goal is to recognize addictive/compulsive behaviors as coping mechanisms
- Make the connection between addictive/compulsive behaviors and their trauma

Module 5

Facts on HIV/AIDS
- Goal is to provide facts about HIV/AIDS as well as discuss myths and misconceptions
- Demonstration of behavior skills to reduce the risk of HIV/AIDS transmission
- This module may be triggering to many women and needs to be presented in a trauma context (i.e. presentation of overt sexual materials introduced with permission to feel and voice upset)
Module 6

Sexual Communication and Negotiation Skills
- Discuss what constitutes sexual communication (both verbal and non-verbal)
- Provides an opportunity to role-play negotiation skills (includes sexual assertiveness, safe sex, and refusal of unsafe sex)

Module 7

Containment
- Why containment instead of disclosure?
- Goal is to help members describe levels of consciousness and understand the different parts of memory
- Increases self-awareness
Module 8

Containment II - Grounding
- Goal is to identify different grounding techniques
- Members will be able to practice grounding techniques daily, outside of group

Module 9

Tolerating Distress
- Each member will begin to distinguish the negative aspects of being unable to tolerate distress
- Each member will be able to recognize and verbalize benefits to learning how to tolerate distress
Module 10

Self-Soothing
- Members will identify existing methods of self-comfort
- Each member will begin to distinguish healthy ways of coping from harmful/damaging ways

Module 11

Boundaries and Safety
- Members begin to develop a sense of how much or how little control they have over what happens to their bodies
- Begin to understand how to set interpersonal limits
- Boundary exercises (physical, verbal)
Module 12

Trust and Intimacy
- Members will be able to identify at least 1 barrier which inhibits their ability to trust other people
- Members will be able to identify intimacy and see how it is separate from sex

Module 13

Parenting
- Discuss how trauma, substance abuse, and mental health issues have affected their parenting choices and ability to parent
- How trauma affects attachment
Module 14

Life Story
- Group members are given the opportunity to share their life story with the group
- Members will understand how trauma has impacted their entire life

Module 15

Closing Ritual
- Members experience healthy closure
- Members will learn to delineate leavings and their importance to the group
- Helps members internalize messages from the group experience
While trauma may affect a person for the rest of his/her life, there are some criteria to assess recovery.

Source: Harvey, 1996

Recovery Criteria

- Physical symptoms of PTSD are within manageable limits
- Person is able to bear feelings associated with traumatic memories.
- Memories don’t limit what he/she chooses to do
- Memory of trauma is linked with feeling
- Damaged self-esteem is restored
- Important relationships have been reestablished
- Person has reconstructed a system of meaning and belief that encompasses the story of the trauma
Breaking the Cycle

Thank You

Alisha F. Saulsbury, LCSW - C
410-476-4441 (3)
tamars98@gmail.com