Trauma Matters

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A quarterly publication dedicated to the dissemination of information on trauma and best-practices in trauma-informed care.

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Self-Care and the New Year

Linda Lentini and Hilary Rudenaur

2020 was a year unlike any other – a year filled with change, loss and tremendous uncertainty. Even though 2020 has come to a close, many of our challenges will continue into 2021. As a result, people are feeling stressed, overwhelmed, hopeless, and depleted.

In May 2020, the American Psychological Association released an article entitled Stress in America™ 2020, Stress in the Time of COVID-19, Volume One-APA which summarized the results of their recent survey on stress given to a group of American adults. The article stated:

"The average reported stress level for U.S. adults related to the coronavirus pandemic is 5.9. When asked to rate their stress level in general, the average reported stress for U.S. adults is 5.4. This is significantly higher than the average stress level reported in the 2019 Annual Stress in America survey, which was 4.9, and marks the first significant increase in average reported stress since the survey began in 2007.

The average reported stress level over the past month related to the coronavirus pandemic for parents of children under 18 is 6.7, compared with 5.5 for adults without children, with nearly half of parents (46%) saying their stress level is high (between 8 and 10 on a 10-point scale where 1 means "little or no stress" and 10 means "a great deal of stress"), compared with 28% of adults without children who say the same.

Specifically, people of color are more likely than white adults to report significant stressors in their life as a result of the coronavirus pandemic, namely getting coronavirus (71% vs. 59%, respectively), basic needs (61% vs. 47%), and access to health care services (59% vs. 46%)."

The impact of the pandemic on overall stress levels has been immense. Now more than ever, we need tools to assist us in managing our stress. The greatest tool we have to combat these feelings, to increase our stress-resiliency, and to help us face what lies ahead is self-care.

For anyone who is unfamiliar with what self-care is, let us start by describing what it is not. Self-care is not something reserved for those with an abundance of time and money. Self-care is not something that is complicated or luxurious. Self-care is not something that can only be done by those with experience in holistic practices or knowledge of stress management. Self-care is not selfish.

Rather, self-care is an intentional act we do to take care of our mental, emotional, spiritual and physical health. It is the act of renewing our own resources so we can show up for ourselves and for those we love. It may take time or money or knowledge, but it doesn't have to. Self-care can be as simple as cuddling with a pet, taking a walk, or treating yourself to your favorite food and enjoying every bite of it. It can be as brief as taking a few deep breaths before taking on your next task.

Developing a daily practice of self-care to increase your stress resiliency is crucial during these stressful times. It may seem overwhelming and you may wonder where and how to start. Here are some small steps that you can take to create your own self-care plan:

- Decide that self-care is a priority and start to practice it every day.

(Continued from page 1)

-Determined the best time of the day when you can create a window of time for these practices and schedule that for each day.

- Do some research to discover a practice that allows you to unwind and relax. Explore different practices to see which ones resonate with you.

- Join a daily meditation practice for free. Deepak Chopra offers a free 21 day meditation periodically.

- Qigong. Go to YouTube and find a video that practices some movements you enjoy and add that to your saved videos.

- Breathing. Find a practice that works for you and use the video regularly or find a free online breathing group.

- Laughter Yoga. There are many different options and ways to join groups in your community.

- Meditative Coloring

- Yoga

- Drumming or Sound

- When you drive somewhere, take a different way home and notice your surroundings.

- Enjoy your cup of coffee, tea, or warm lemon water mindfully.

Create an approach to self-care that is as individual and unique as you are. Listen to what your mind, body and spirit need and respond in kind. No matter what your self-care plan looks like, use that time as your own personal oxygen mask. Remind yourself that self-care is not selfish, it is self-preservation. That is one of the best gifts you can give not only to yourself, but to others as well.

As Ted Kardash Ph.D. states, "They knew the importance of cultivating and refining their own energy and the role this energy played in helping their patients attain good health. To truly help balance another, one must himself be balanced."

Prioritize yourself and your personal wellness. The extreme events of 2020 require intentionality and balance, core tenets a self-care. Making time for self-care can make all the difference in your ability to cope with the day-to-day stress this year has brought.

Trauma and The Arts

Susan Clinard on storytelling and the healing power of art

Susan Clinard

I've been referred to as the "artist social worker," a phrase I find awkward but nonetheless encouraged by. I am wholeheartedly an artist who cares deeply about our shared humanity. The humanity in strangers and family which I've witnessed over the decades and brings me to my knees time and time again. My greatest gift as an artist isn't the skilled articulation of my hands which push through clay, carve wood, sculpt paper and bend wire, no, my greatest gift has been as an observer of life: the mundane, the poetic, the pain and light. My art would be nothing without our stories. Nothing.

I have been sculpting for the last thirty years. Woven within these years, I have worked as a caseworker in Chicago's foster care system, in the public schools as an art educator, in the refugee and immigrant communities as an advocate and as an educator. Over these decades I have found art to be one of the most powerful tools for reaching those who have suffered trauma.

Above: The Waiting Room #3, one of Clinard's aformentioned pieces.

Trauma has followed me my entire life on many different levels. As a witness to many loved ones who have suffered physical and sexual abuse, neglect, violence, and substance abuse, I can tell you, I am not afraid at looking pain in the face. I recognize clearly that this is part of our human story. Stigmas thrive from societal shaming; putting dark drapes over issues surrounding trauma which only leads to blindness and suffering. As an artist, I feel deeply about removing this drape.

My sculptures explore the greatness of human connectedness as we push through traumatic events. I feel we are at our best when we recognize the pain from which we come and leave space for love and light.

I believe art has a unique and special place in the acknowledgement and the healing processes associated with trauma. I have seen countless examples how art affords those healing from trauma the reflective space and time needed to push through. While using art to heal, no one is telling the traumatized what to do with their feelings, they become the interpreter, the one who understands the stimuli they connect to in their own stories. The image of art may sit within them for long periods of time, allowing for ever evolving and quiet internal steps of change and understanding.

I have seen and felt the healing powers of art many times. I am not a trained art therapist, nor do I have any academic degree that may, for some, validate what I am saying, but I do have years of history in my communities which reaffirm and validate this path I have found myself on. I have countless examples of the power of art as it connects with trauma. From the first week in my foster care position where a quiet 8 year old boy grabbed the markers I brought to our visit and began to use picture to tell me his story of sexual abuse; to the parents who thanked me for creating a memorial that gave them a sense of peace

(Continued from page 2) after they tragically lost their son in the Sandy Hook school shooting; to countless refugee families who fled war and persecution and found expression and healing through art making; and to the many who hugged me and cried tears of gratitude after seeing my sculpture that shed light on America's opioid crisis.

Iin each of my sculptures that focus on the paths we've taken to push through trauma, beauty is illuminated and remembered. I have no desire to create works that shock and trigger people, especially those who have suffered through trauma. My hope is that if I approach each piece with humility and compassion an honest piece of art will reveal itself. Art that has no room for sentimentality, just truth, love, light, awareness, and empathy.

At the end of the day I was a child who was born with the sensitivity to see the inner and outer workings of those around me. I saw the ugly and beautiful parts of what makes us human rubbing against each other daily. Now, nearly 50 years later, I still carry this sensitively, but I have somewhere to express it: my art…and it is for you, it is for us.

Susan is the 2019 winner of the nation's top carving award, and in 2018 the Art by the Northeast award for sculpture. She has been the artist in residence at the Eli Whitney Museum for the past eight years. Susan has taught at the School of the Art Institute of Chicago and the Palette and Chisel Academy of Fine Arts. She has received substantial public commissions, and her sculptures can be found in many private collections worldwide.

Ask the Experts: An Interview with Ruta Mazelis

Emily Aber

Ruta Mazelis was the editor of The Cutting Edge: A Newsletter for People Living with Self-Inflicted Violence, an internationally distributed quarterly on the topic of self-injury, founded in 1990. Ms. Mazelis has provided presentations and publications on this topic, as well as others, such as trauma and trauma-informed systems of care, to a variety of audiences. A survivor of trauma herself, she has experience in providing services in mental health and substance abuse programs as well as in service and policy development, and research. She is on the staff of the Sidran Institute, serves on the board of the National Trauma Consortium, was a program manager for the National Center for Trauma-Informed Care, and serves as a consultant to various projects at local and federal levels.

Emily: Today I am sitting, virtually, with Ruta Mazelis. Welcome, Ruta, thank you so much for agreeing to do this interview for Ask the Expert.

Ruta: Thank you for the opportunity, Emily.

Emily: I'd like to start by asking how you became interested in healing self-inflicted or self-directed violence.

Ruta: It's hard to make this a short story. I come from a history of child trauma, which I didn't recognize as such, and became interested in the healing arts – my degree is in physical therapy, but I got interested in psychology soon after – as I began working in various in-patient and out-patient programs with youth who had mental health and substance abuse challenges.

I was enjoying that career a great deal, and thriving as a professional, but the work was bringing up a lot of my own personal history that I had managed to stuff down my whole life. One of the ways I coped with my own traumatic issues rising to the surface was my own self-injury...I was in and out of various hospitals, and having made a commitment, because I had been in the field and then experienced being a patient, and as a self-injurer that meant being restrained, and secluded, and medicated, and all those kinds of typical responses.

When I left the system, I knew I wasn't going back. Not as an employee and not as a patient. So, I just started creating open spaces for people who lived with cutting, and burning, and punching themselves to come and be with each other without the threat of coercion.

Out of that became the birth of the newsletter, which I unimaginably called The Cutting Edge. That started in 1990 just as a way for our small group to stay connected. And, that little newsletter with no financial support, managed to survive for 18 years until we tried to make it an online blog and it traveled to five different continents. What I realized was that there is an incredible need for people to have a safe place to talk about what it is that they do to themselves, and why they do it, and what hurts and what helps...

Out of that newsletter, I ended up falling into a lot of different teaching and consulting work and found my way to the Center for Mental Health Services, Health and Human Services, all those various agencies, and a massive research study, The Women Co-occurring Disorders and Violence study where we worked on the whole issue of trauma being the underlining concepts of psychiatric disorders, what helps women and their children. I had the chance to continue to teach this work and that's become what I do. I teach a lot about the traumatic origins behind mental health challenges and addiction and am especially focused on this particular behavior. So, how's that for a long story?

Emily: Well, you touched on some of my other questions too. I mean, yours is a fascinating story.

(Continued from page 3)
Ruta: I want to say, it's a place of privilege. I know that I am profoundly privileged to be open about my own life experience and my own self-injury. There are many people who are not free to do that. I used to hide my own history when I would do consultations because who the heck would want to pay a borderline to tell them what to do? Right? But I offer my own experiences and my own history to people to question if they like because I am in a rare position to be able to be open about it.

Emily: Please talk about the term self-inflicted violence and how you chose that term.

Ruta: I am a science and research nerd, so I read everything in the psychiatric literature about self-injury, which is an accurate description but a bit of a global thing. Lately with COVID and my 15-pound weight gain, I have been self-injuring with potato chips and dip a lot...So what we're talking about is something very specific mostly because of how it is reacted to. The terms at the time and even now is selfmutilation. I find that incredibly disturbing. I've never met anyone whose goal is to mutilate themselves and it's a very dramatic phrase.

Of course, the word violence is an intense word, but I realized that what I was doing to myself and what people do to themselves are acts of violence. If I pick up a razor and cut my own body, that's an act of violence and I am directing it against my own body. I had a subscriber suggest the word 'directed' rather than 'inflicted' and I liked that so much. 18 years of the newsletter had the word inflicted, but I am switching it now to decrease the intensity of the phrase.

For example, if you're walking down the street with your four-year-old and somebody attacks you or your child and you defend yourself with an act of violence, that is completely understandable. That's not criminal and people will support you having done everything you need to do to protect yourself and your child. And that is the internal experience of somebody who is living with self-directed violence. Yes, it is an act of violence, but it is not as an act of destruction. It's an act of self-defense.

So that's why I use the word violence, because that's what it is. It's the bitter truth. This is a violent thing. If I am punching myself in the head, I am being violent. However, the purpose behind it is not to destroy myself. The purpose is to deal with whatever feels overwhelmingly stressful in this moment and buy me some more time.

Emily: In the few minutes we have left, what are your suggestions for therapists to help them sit with the stories that we hear and to help them with the powerful emotions that these stories may evoke?

Ruta: If you don't have a trauma history and you start really learning about what the lives of the people you are serving are like, you know, you now have traumatic stress to deal with. All I want to say first is breathe. First thing I encourage us all to do is take a breath and comfort yourself any way you know how.

I think our expectations for ourselves is that we are going to do this brilliantly and compassionately and lovingly and that we will be able to attend to our client without having our own emotional intense reactions and that's not fair to ourselves. When we don't attend to how hard this journey is, then I don't think we can help ourselves or our client. The stories are hard, the emotions are hard, and my question is: what supports are in place? To me, to work in a trauma-informed environment means that we all must win. We all must be provided the comforts and support to do the work. The work is different for the person deemed client or provider, but it is important that everyone get the resources they need to be able to sit with the difficulty.

The second thing I really want to emphasize is, it is not your job to make anyone stop doing this. That is the challenge in behavioral healthcare that is really, really hard to do. Some of us are mandated to take charge and control, and restraint and seclusion are still billable. And yet, they are traumatic experiences.

We are compounding people's trauma; we are escalating the need for more self-injury. Yet, some of us have never been taught that there are other options or been given permission to try other things without fear of consequence.
What I know is that trying to control somebody has never worked...Control is the opposite of what a trauma survivor needs. Trauma survivors need connection and empowerment.

In some of the poetry I have published in the newsletter in recent years, there is one I remember. She said, "The best gift I was ever given by my psychologist is the acquiescence that he will not stop me." It's that simple, and that hard.
I ended up finding a therapist who understood trauma and I ended up asking her. I said, "When will I stop doing this to myself?" … She said, "You'll do it until it's time that you don't need to." And I was angry. And she said, "That is the answer." And that was my answer and the answer for so many other people who are scarred, as I am.
How we create that in our various systems of care, or our communities, or wherever we live, is a creative challenge. But if you start on the principles of how to create an empowering opportunity, regardless of what circumstances people are in, from the back wards or the CEO of a company and living like this. How do we help you find empowerment with this challenge? How do we connect with you and how do we help you connect with yourself compassionately in understanding the traumatic history that helps you make sense of yourself?

Emily: Thank you so much.

Portions of this interview have been abridged.
Listen to the full interview online at
www.womensconsortium.org/podcast-1

Virtual Therapy: The Future and the Past

Steve Bistran

In an article for Medical News Today (2020), Zawn Villines defines virtual therapy as "therapy that takes place via the phone, an app, a video chat, or even a virtual reality device. These virtual therapy options allow people to seek treatment from their own home or other location without having to travel to see a therapist in person."

Virtual counseling is referred to by many terms including online counseling, online therapy, teletherapy, telemental health counseling, e-counseling, distance counseling, chat therapy, remote counseling, virtual therapy or telepsychology. Regardless of the label, therapists utilizing virtual counseling and psychotherapy provide this service to people with a variety of mental health issues, relationship or sexual health problems, trauma, or significant stress through video chat, phone, text messaging, or email.

The concept of health care in a home-based setting goes back as far as the 1800s. Illustrating one early example in his article The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary (2012), Dr. Thomas Nesbitt summarizes an article from the 1879 edition of the Lancet where the writers discussed using the telephone to reduce unnecessary office visits. The evolution of telehealth is exemplified again in 1925 when Science and Invention magazine showed a doctor diagnosing a patient by radio on its cover. In the accompanying article, the author envisioned a device that would allow for the video examination of a patient over distance.

One of the first accounts documenting virtual counseling and psychotherapy comes from the late 1950s when doctors at two different hospitals and in two different states used a closed-circuit television link to do psychiatric consults. Later, in the mid-80s, Cornell University established the earliest version of online counseling when they published an online advice column. These groundbreaking events were followed during the late twentieth century by more formalized virtual mental health advice, dialogue and formal counseling and psychotherapy sites.

At the turn of the 21st century, online counseling and psychotherapy gradually became more popular and widespread as doctors and clinicians attempted to treat more clients who were unable to travel to regular sessions due to distance, cost, and physical disability.

Use of virtual counseling and psychotherapy expanded significantly in early 2020 as the spread of the coronavirus forced increased virtual communication and interaction. Today, virtual counseling and psychotherapy has become a high-tech, convenient, and secure avenue for people to access a licensed therapist.

In a 2019 article, for Inc. Amy Morin, author of 13 Things Mentally Strong People Don't Do, described some of the benefits and drawbacks of online counseling over traditional face-to-face treatment. Those pros and cons, included in the pop-out, define the nature of virtual counseling.

So how effective is virtual counseling and psychotherapy? In addition to the concerns cited above, the online therapeutic relationship between the therapist and the patient is likely to be more impersonal. Some have questioned whether virtual communication can provide through a screen the same skills, tools, and healing power that a patient would expect via in person treatment.

Nevertheless, preliminary research suggests that virtual counseling is likely effective. Some examples include:

• A 2014 study (Nordgren et al), one hundred anxiety disordered participants were randomly assigned to either a treatment (cognitive behavior therapy) or an active control group for

Limitations & Benefits

"• Online therapy isn't meant for people with certain problems or conditions (such as suicidal intent or psychosis).

• Without being able to interact face-to-face, therapists miss out on body language and other cues that can help them arrive at an appropriate diagnosis.

• Technological issues can become a barrier. Dropped calls, frozen videos, and trouble accessing chats aren't conducive to treatment.

• Some people who advertise themselves as online therapists might not be licensed mental health treatment providers.

• Sites that aren't reputable may not keep client information safe.

• It can be difficult to form a therapeutic alliance with someone when meetings aren't face-to-face.

• It can be difficult for therapists to intervene in the event of a crisis."

"• People in rural areas or those with transportation difficulties may have easier access.

• Many online therapy sites allow users to sign up with "nicknames" which can entice people who are embarrassed about getting services under their real names.

• Most online therapy services cost less than face-to-face treatment.

• Scheduling is more convenient for many people.

• Studies show online therapy requires 7.8 times less of a therapist's time than face-to-face treatment, meaning therapists can often treat more people online than they can in-person.

• Clients don't have to worry about seeing people they know in the waiting room.

• It can be easier for some people to reveal private information when they're sharing it online.

• Individuals with anxiety, especially social anxiety, are more likely to reach out to an online therapist."

Featured Resource: Help is Here

Emily Hoyle

Help is Here provides information and resources to families and caregivers about youth substance use. The series features instructors from True Colors and the Paraphernalia Project. Brought to you by the CT Department of Children and Families and The Connecticut Women's Consortium with federal funding support from SAMHSA and CSAT, Help is Here is an excellent reference guide for people at all knowledge levels.

View the 7-part series on the Connecticut Women's Consortium YouTube.

Who's Been Reading Trauma Matters?

Susan Burton!

Susan Burton's story in overcoming overwhelming odds is an inspiration to people across the nation, particularly women formerly incarcerated or in recovery from addiction. After a personal tragedy, Susan's suffering resulted in a cycle inside the criminal justice system for nearly two decades. Susan persevered, founding A New Way of Life Re-Entry Project (ANWOL) in 1998. Susan is a recognized leader in the criminal justice reform and re-entry rights movements. For her efforts, Susan was named a CNN Top Ten Hero in 2010 and awarded the prestigious Citizen Activist Award from the Harvard Kennedy School of Government. In 2013, ANWOL was honored with a Ford Freedom Unsung Award that salutes "organizations that have positively impacted communities with achievements that inform and inspire others." Susan is a recipient of both the Encore Purpose Prize (2012) and James Irvine Foundation Leadership Award (2014). Earlier this year the Los Angeles Times named Susan Burton as one of the nation's Civil Rights Leaders of the 21st Century.

(Continued from page 5) 7-10 weeks. The virtual cognitive behavior therapy was not only effective in treating anxiety disorders but was cost-effective and the positive improvements were sustained at a one-year follow-up.

• Andrews et al (2018) selected 53 studies based on thoroughness, rigor and scientific merit which included participants aged 18 or over who met criteria for major depressive disorder, generalized anxiety disorder, panic disorder with or without agoraphobia or social anxiety disorder as a primary diagnosis. Based on a meta-analysis of the studies, the authors concluded that online cognitive behavioral therapy was equally as effective as face-to-face treatment for these disorders; for those studies that included participant satisfaction measures, 86% reported they were satisfied or very satisfied.

Additional studies report similar results and in all likelihood, numerous further studies are underway continuing to explore all aspects of virtual counseling/psychotherapy efficacy.

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With the explosion of virtual counseling in 2020, my colleagues and I at Trauma Matters are interested in exploring its potential and limitations in more depth. Ahead of our Spring edition, we are collecting anecdotes and details from the public's experiences to use anonymously in an upcoming article.

We would appreciate your sharing your experiences providing and/or receiving virtual counseling and/or psychotherapy.

If you are or have been a recipient and/or a provider of virtual counseling or psychotherapy and would like to share your experience(s), please visit https://forms.gle/ux292ohuYK1bYXwa8 and respond to as many of the questions as you feel comfortable.

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