



TAPESTRY

Weaving a fabric for change

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Substance Abuse and Mental Health Services Administration

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A Forum for Idea Generation and Exchange

Editorial Staff

Welcome to the first edition of "The Tapestry," a periodic publication of the Women, Co-Occurring Disorders and Violence Study. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and its three centers - the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services - this initiative is designed to produce information and knowledge about the development of integrated services approaches for women with co-occurring mental health and substance abuse disorders, who also have histories of physical and sexual abuse.

The primary purpose of "The Tapestry" is to provide a mechanism for exchanging information and knowledge among all of the individuals and organizations working on the Women, Co-Occurring Disorders and Violence Study; the 14 study sites, federal project officers and the Coordinating Center. We hope that others working on, or living with, issues of mental health, substance abuse, and trauma find this publication interesting and useful as well. We see "The Tapestry" serving as both a forum for ideas and a vehicle for stimulating new thinking. As the name implies, we also think of it as an opportunity to create something new; a whole cloth woven out of different perspectives. Those perspectives, like the metaphor of weaving, come largely from women and are about women's lives.

As each project is immersed in the day-to-day activities of the study, it is easy to temporarily lose sight of the innovative (and even revolutionary) goals of the Women, Co-Occurring Disorders and Violence Study.

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"All of us is smarter than one of us."

- Pogo

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We hope that "The Tapestry" can help sites reflect on the larger vision while we struggle as a community to make concrete such abstractions as empowerment, integration, healing, and recovery. To do that we need you, "The Tapestry" readers. As the late, great comic strip possum Pogo asserts, "All of us is smarter than one of us."

We welcome your ideas and suggestions for regular features and special reports. We will also be asking some of you to contribute articles from time to time.

For this edition, we have inaugurated what we hope will become a number of regular columns that will provide some consistency across issues, but are flexible enough to incorporate a range of topics, ideas and authors. They include: a column from our federal project officers; a feature on someone working on a special aspect of the study, this time on Coordinating Center Evaluation Team member, Jacki McKinney and her Research 101 efforts; our "News From the Sites" column, which keeps readers informed about what's "hot and happening" at each study site; a central essay on important study topics, written for this edition by Belinda Biscoe and entitled "Offering Hope to Women Rebounding from Violence: A Closer Look at Resilience"; and a resource column featuring a range of learning opportunities from web sites to academic articles to conferences and courses.

Let us hear from you. You can e-mail us at Dawn.Moses@tbhf.org or send a FAX or letter to Dawn Jahn Moses, The Better Homes Fund, 181 Wells Ave, Newton Centre, MA 02459, FAX number 617-244-1758. ■

RESOURCES

The resources below include an array of mental health, substance abuse, and trauma related organizations and web sites. Space limitations preclude exhaustive coverage here, but we welcome suggestions for future columns.

The Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane,
Room 12-105
Rockville, MD 20857
301-443-4795
<http://www.samhsa.gov/>

This site provides up-to-date information on SAMHSA program funding opportunities as well as information on drug abuse and mental health and links to other relevant Internet resources. A schedule of upcoming events and conferences is also listed. Web sites for the Center for Mental Health Services, Center for Substance Abuse Treatment, Center for Substance Abuse Prevention and SAMHSA-funded clearinghouses can be accessed through this site.

MENTAL HEALTH SITES

Mental Health Net
<http://mentalhelp.net/>

This site provides access to over 3,500 publications including tools for clinicians, a managed care glossary, self-help resources, and articles in the media.

RESOURCES...
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Welcome, Women, Co-Occurring Disorders and Violence Grantees!

Jane Taylor, Ph.D.

Director
Division of Practice and Systems Development
Center for Substance Abuse Treatment

A warm welcome to each one of you, our partners in this critical study. You successfully competed, through the peer review process, and were selected to receive Substance Abuse and Mental Health Services Administration (SAMHSA) federal funding to participate in this very exciting, cutting-edge study on women with co-occurring disorders, and histories of violence and trauma.

While we have met at our last three Steering Committee meetings, it is nice to have the opportunity to send greetings and share our thoughts through the printed word!

Though you have heard it several times, I find it empowering for everyone involved to keep this study's mission and goals in sharp focus. We know that generally current systems of care do not adequately address nor treat the problems of co-occurring disorders in women; this is an even greater problem when women have also been traumatized. In addition, we know these women rarely have adequate care for their children or for a myriad of other complex personal, social, financial, and health problems. Though quite overdue, it is now time to find a way to create integrated services that work for women with alcohol and drug abuse, mental disorders, and histories of violence and trauma and their children. We intend to find effective treatment models and translate our experience and research findings into practical knowledge in a coordinated and cost-effective manner. This approach will guide the integration of substance abuse/mental

health/trauma specific treatment services into a seamless support network for women and their children, and break the cycle for the next generation.

We are interested in your thoughts on what products we should develop from this study and how to make them most relevant to policy makers, service providers, and researchers. Your input and

active participation in this effort will continue to help all of us to refine our tasks and ensure that our work will meet the standards of the field. The knowledge gained from this SAMHSA study will be used to advance national, state, and local policy. We expect that it will impact how the systems of care respond to these women and their children, and will guide funding decisions by SAMHSA, other federal agencies and the States regarding the distribution and use of block grant funds. We look forward to

your expert guidance and recommendations in helping us achieve the goals of this study. We need all of you—researchers, practitioners, clinicians, and consumer/survivor/recovering persons—to continue your enthusiastic participation in this ground breaking project. Thanks for your commitment and dedication. ■

...it is now time to find a way to create integrated services that work for women with alcohol and drug abuse, mental disorders, and histories of violence and trauma and their children.

I never thought of myself as a strong woman.
I felt weak, helpless, afraid and angry.
But I am strong.
Otherwise how could I have survived all these years?
I am strong like a sapling tree, bending not breaking, when the winds and hail and lightening strike.
Some branches may be injured or even blown away but growth goes on and is even enhanced.
Yes I have strong feelings, strong hurts, strong opinions and strong needs.
That makes me after all – a strong woman.

By Barb Hennings

“Nothing About Us Without Us:” Integrating C/S/Rs into Research

Kim Taylor
The Better Homes Fund

Consumer/survivor/recovering persons (C/S/Rs) play important roles in the Women, Co-Occurring Disorders and Violence Study at all levels. In order to become active participants, C/S/Rs must be informed about the study and the overall research process. To address this need, the second Steering Committee Meeting in May dedicated a pre-conference session to educating C/S/Rs about the topic of research, how it is conducted, and why it is important. The Research 101 session as it was called was aimed at making research methods and terms more accessible to the women whose diverse experiences may have been outside this technical arena.

Jacki McKinney’s major goal when she helped to organize Research 101 for the May Steering Committee Meeting was to integrate C/S/Rs into the research component of the Women, Co-Occurring Disorders and Violence Study. Ms. McKinney, a C/S/R and member of the Evaluation Team of the Coordinating Center, has made it her mission to get C/S/Rs fully involved in research and eventually completely integrated into the study. When asked why she felt this session was important, she answered:

“Full participation requires that [C/S/Rs] be involved... in the research and evaluation, selecting and critiquing the instruments, analyzing the results and disseminating the findings. Consumers have the best knowledge of their lives and experiences... [Without us,] researchers may ask questions that are of no use to [the women they are trying to help].”

C/S/R integration is a vital component of the Women, Co-Occurring Disorders and Violence Study. The Research 101 session aimed to bridge the gaps that have kept C/S/Rs from participating in research, and thus being fully integrated into the study.

One of the biggest impediments to achieving full C/S/R participation in the research process is the fact that many C/S/Rs’ experiences have been outside the area of research and many may not understand the technical vocabulary or “alphabet soup” that is so much a part of this study. What is the GFA? CSAT? CSAP? CMHS? SAMHSA? Target Population? Comparison Group? Outcome Study? Logic Model? What does it all mean? Jacki McKinney articulated this point when she said,

“How do we [as C/S/Rs] help to pose the question if we don’t even know what the question means?”

The message at the Research 101 session was clear: in order for C/S/Rs to feel welcomed, to participate, and to be integrated into the study, they first have to understand the basic issues: what are the study’s goals, why is the study important, and how are they, as C/S/Rs, going to be helpful and powerful participants in the process.

Laura Prescott, C/S/R and former Assistant Project Director of the Coordinating Center, began the session with a detailed description of how the study is organized. Starting with an explanation of the agencies that comprise the Substance Abuse and Mental Health Services Administration (SAMHSA), she continued by laying out a complete organizational chart of how the study players interact and how their roles are defined. She explained that the Women, Co-Occurring Disorders and Violence Study is a cooperative agreement among the federal partners, the study sites, and the Coordinating Center and that the goal is to complete a two-phased five year study that will answer questions and address issues that the Guidance for Application (GFA) set forth.

Most importantly, Ms. Prescott gave a crash course in research terminology using a glossary called “Dressed-down Research Terms: A Glossary for Non-researchers,” written by Teresa Rittenhouse, Suzanne Culter, and Jean Campbell. Ms. Prescott defined research as “questions people ask to find something out.” She discussed the four major questions the study is hoping to answer, described issues such as eligibility criteria, target population and methodology, and explained how sampling is done. Amy Salomon, a researcher from The Better Homes Fund, gave a presentation on process evaluation and the role of logic models in documenting the evolution of the study. Terri Nadlicki from the University of North Carolina ended the session with a presentation on outcome evaluation.

At the end of the few hours, the hope was that C/S/Rs would have a base of understanding, some common vocabulary, and feel more comfortable being active participants in the research process. What actually happened was even more positive. In the days and meetings that followed the Research 101 session, researchers became increasingly aware and sensitive to how their “professional” language excluded C/S/Rs from discussions. The C/S/Rs began to feel more comfortable asking questions and raising a “red flag” when research language stood in the way of their full participation in discussion.

Nothing About Us... (continued on page 8)

RESOURCES (CONT)

National Empowerment Center

1-800-769-3728
<http://www.concentric.net/~Power2u>

NEC is a consumer-run organization whose mission is to carry a message of recovery, empowerment, hope and healing to people who have been diagnosed with mental illness. This site provides resources on empowerment, self-help and recovery, housing, and holistic approaches for coping with psychiatric symptoms.

National Mental Health Services Knowledge Exchange Network (KEN)

1-800-789-2647
<http://www.mentalhealth.org>

This site is the electronic clearinghouse for the Center for Mental Health Services and provides resources on prevention, treatment, and rehabilitation services. KEN provides links to consumer and family advocacy organizations; state and local mental health agencies; mental health organizations; and national clearinghouses and technical assistance centers.

SUBSTANCE ABUSE SITES

National Clearinghouse for Alcohol and Drug Information

1-800-729-6686
<http://www.health.org>

Funded by SAMHSA, the NCADI is the national focal point for information on alcohol and drugs. This site contains information on prevention strategies, research, treatment approaches and resources, and training.

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Offering Hope to Women Rebounding from Violence: A Closer Look at Resilience

Belinda Biscoe, Ph.D.

Region VII Comprehensive Center
Public and Community Services
College of Continuing Education
University of Oklahoma

Daily we see evidence of America's increased concern about the omnipresence of violence in our lives. As the nation's fears about violence and its impact on our civil society continue to be debated and discussed, it is critical that we acknowledge the increased rates of violent acts committed against women in our country. Physical, sexual, and emotional abuse, whether experienced in early childhood, adulthood or throughout a woman's life, can have lasting consequences. Often, violence impacts how women negotiate the world, view themselves, and relate to others.

Unfortunately, many programs and strategies aimed at assisting women who are victims of violence further victimize those who are already traumatized. In addition, these same efforts may increase women's dependence on systems that do not promote the strengths that help women bring order, safety, and autonomy to their lives. The construct of resilience offers us another way to help women reframe an abusive past.

Many of our past mental health approaches have been steeped in the Damage Model. According to Wolin and Wolin (1995), this kind of damage characterizes the individual as "helpless, vulnerable, and inalterably tied to the family." Helping service providers and lay persons understand the construct of resilience offers a balanced and dynamic approach to help women heal, learn to love themselves, and end the recurring nightmares resulting from violence. The goal is to help women view themselves "not as damaged goods," but as women who prevail—as survivors. A resiliency approach allows those working with women survivors to recognize their vulnerabilities and support their strengths.

Understanding the Construct of Resilience

Losel, Bliesener, and Kofler (1989) observe: "There are a multitude of constructs that relate to invulnerability,

such as resilience, hardiness, adaptation, adjustment, mastery, plasticity, person-environment fit, or social buffering." Consequently, resilience and vulnerability are often viewed as opposite ends of a continuum (Anthony, 1987) (Biscoe and Harris, 1998). Rutter (1990) defines resilience as a "positive pole of ubiquitous phenomenon demonstrating individual differences in people's response to stress and adversity." Wolin and Wolin (1993) define resilience as the capacity to bounce back: to withstand hardship and repair oneself. Flach (1988) terms resiliencies as

Viewing recovery and healing for women who are victims of violence through the lens of resilience helps the survivor and clinician reframe the damage, thereby ensuring that women rebound from the trauma.

the strengths humans require to master cycles of disruption and reintegration throughout the life cycle.

Recently Wolin and Wolin (1993) have focused on resilience and Brook (1985), Brook et al. (1992), Catalano et al. (1991), Bernard (1989), and Hawkins et al. (1992) have described risk and protective factors that contribute to reduced risk of substance abuse in youths. Protective factors are usually defined as those influences external to the individual, which contribute to his or her well being (Wolin and Wolin, 1993). These factors generally include family, school, community, and church (Hawkins, et al., 1992). Resilience on the other hand, is conceptualized as strengths internal to the individual (Wolin and Wolin, 1993). Furthermore, case studies from the field indicate that resilience can be nurtured and developed (Biscoe and Harris 1994).

Wolin's interest in resiliency burgeoned because of a study he conducted through the National Institute of Alcohol Abuse

and Alcoholism on adult children of alcoholics who became addicted to alcohol or other drugs. Contrary to what might be expected, he found himself more interested in the control group of adult children of alcoholics, many of whom had grown up in the same family, but did not become addicted to chemicals. As a result, Wolin and Wolin, prior to the publication of their book in 1993, conducted hundreds of interviews with adult children of substance abusers who did not abuse alcohol or other drugs to understand what was different about the control group.

From these case studies, the Wolins' Challenge Model of Resilience was conceptualized. After careful examination and analysis of these retrospective studies, the Wolins identified a constellation of six resiliencies in individuals who rebound from troubled circumstances or events and resume usual activities with success (Wolin and Wolin, 1993). The constellation of strengths identified among individuals in their study included the following:

Insight: The mental habit of asking tough questions and giving honest answers, including reading signals from other people, identifying the source of the problem, and trying to figure out how things work for self and others.

Independence: The right to safe boundaries between yourself and significant others, including emotional distancing, and knowing when to separate from bad relationships.

Relationships: Developing and maintaining intimate and fulfilling ties to other people, including perceived ability to select healthy partners, to start new relationships, and to maintain healthy relationships.

Initiative: Determination to master one's self and one's environment, including creative problem solving, figuring out how things work, and generating constructive activities.

Creativity and Humor: Safe harbors of the imagination where you can take refuge and rearrange the details of your life to your own pleasing, including creativity and divergent thinking; using creativity to

forget pain and express emotions; and using humor to reduce tension or make a bad situation better.

Morality: Knowing what is right and wrong and standing up for those beliefs, including being willing to take risks for those beliefs, and finding joy in helping other people.

Wolin and Wolin (1993) also note that early manifestations of adult resiliencies begin to emerge in early childhood continuing into adolescence. For example, a young child in an unhappy home environment might “stray” to a neighbor’s home where he or she finds love and acceptance. Straying is an early manifestation of the resilience of independence. It allows individuals to place healthy emotional or physical boundaries between themselves and troubled individuals.

Usually, resilient individuals know when trouble arises and they need help. They are motivated to make things better. They search for solutions, and they can form trusting collaborative relationships. To gradually regain confidence, a resilient person can identify specific jobs that they are able to successfully carry out within the limitations of their disabilities. Resilience is a strength that most individuals can develop with thought and practice (Flach, 1988). Baxley (1993) reports that children and youth retain four important personality traits and abilities that define them as resilient: social competence, problem solving skills, autonomy, and a sense of purpose and future.

Implications for Women Who Have Experienced Violence

In examining five years of data on women in a year-long residential substance abuse treatment program for women and their children, the vast majority of whom were also victims of violence, interesting findings emerge. The study utilized the Resiliency Attitudes Scale (R.A.S.) (Biscoe and Harris, 1990, 1998), for early childhood, adolescence, and adulthood to measure resiliency attitudes in substance abusing women and their children. These instruments were designed to measure the Wolins’ (1993) Challenge Model of Resiliency. Some highlights of the study findings follow.

First, the longer women remained in treatment, the higher their scores on the Resiliency Attitudes Scale. Also, women with higher resiliency scores were more likely to complete treatment, had lower scores of depression on the Beck Depression Inventory, and had higher self-esteem scores.

These data support the need for promoting and nurturing resilience during treatment as a strategy to help sustain client involvement in treatment. Other benefits include improved self-esteem and lower levels of depression. Finally, independence defined as the ability to place healthy boundaries between oneself and unhealthy individuals is a key factor. Women with low scores of independence on the R.A.S. were more likely to leave treatment early to reunite with unhealthy partners. A tragic example is a client whose boyfriend, a cocaine addict, convinced her to leave treatment within two weeks of admission. A week after leaving she overdosed on cocaine and was

found dead. Often women, who have experienced violence at the hands of significant people in their lives, also find it difficult to create healthy boundaries, and as a result, they become enmeshed in intimate relationships that are harmful.

A resiliency perspective provides clinicians with a framework to help clients find balance in relationships. It promotes clients’ thinking and skills in assessing healthy relationships and encourages them to initiate and develop healthy nurturing relationships with appropriate boundaries. Viewing recovery and healing for women who are victims of violence through the lens of resilience helps the survivor and clinician reframe the damage, thereby ensuring that women rebound from the trauma.

Moving the construct of resilience from the esoteric to the concrete is critical as professionals seek ways to support internal strengths in individuals, particularly women who have been victims of violence.

Operationalizing resilience is important for developing programs and strategies that nurture the individual’s capacity to rebound from negative life circumstances. Consequently, providing helping professionals with the knowledge and tools needed to support and nurture resilience is imperative. As a result professionals and volunteers are better equipped to support women who have experienced violence in their lives as they learn to “work well, love well, play well, and expect well” (lay definition of mental health and wellness). ■

For more information on the resiliency scales described above or the study referenced, visit Dr. Biscoe’s website at <http://www.topchoice.com/~psyche/ras/>

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National Substance Abuse Web Index

<http://nsawi.health.org/compass>

A service of the NCADI, this site allows users to search some of the most authoritative web sites on substance abuse prevention and treatment.

Web of Addictions

<http://www.well.com/user/woa>

This site includes: information fact sheets; listings of hotlines and support groups; links to other sites; and postings of meetings.

TRAUMA SITES**National Center For Post-Traumatic Stress Disorders**

802-296-5132

<http://www.dartmouth.edu/dms/ptsd>

A program of the U.S. Department of Veterans Affairs, the National Center supports multi-disciplinary research, education, and training activities. This site contains information on PTSD, access to the PILOTS Database, an international index of traumatic stress-related literature, and links to the PTSD Research Quarterly.

RESOURCES...
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News From The Sites

This column is intended to be a forum for the sites of The Women, Co-Occurring Disorders and Violence Study to share news with one another, other study participants, and the broader community of individuals working on these issues. Sites provided items that they found to be exciting and potentially useful. Feel free to contact the sites if you would like any additional information.

Prototypes: Systems Change Center

Culver City, California

Janet Schulman - 310-641-7795

The Prototypes Systems Change Center hosted a discussion in Marina del Rey, California on June 21, with Maxine Harris, Ph.D., Helen Bergman, M.S.W. and members of the Local Experts Group. Dr. Harris and Ms. Bergman are nationally recognized professionals in the field of trauma informed services. Both have made significant contributions to furthering the concept of case management as a vital and central part of community based systems of care. The session focused on the potential obstacles to introducing a trauma-informed perspective into existing mental health and substance abuse treatment services and strategies for achieving stakeholder buy-in into this process. It was well attended by representatives from the mental health, substance abuse, and trauma fields, C/S/Rs, researchers, and other core providers in the area. The session was successful in accomplishing its goals of generating new ideas and increasing awareness of trauma informed services.

ALLIES: An Integrated System of Care

Stockton, California

Frances Hutchins - 209-468-3698

The ALLIES Project in San Joaquin County has just started to build a C/S/R Advisory Board. They started last month by having a meeting with 40 C/S/Rs who were interested in learning more about the study. These women were recruited from the surrounding area through transitional housing facilities and other staff across the county. The women had a lot of input and interest in improving the service systems in their area. Eighteen C/S/Rs showed interest in being a part of the Advisory Board that will meet for the first time on August 5th. The women will be given stipends for their time. The first few meetings will update the C/S/Rs on the progress and goals of the study, identify barriers, and discuss services that need improving.

New Directions for Families

Thornton, Colorado

Ellen Brown - 303-657-3700 ext. 171

The Arapahoe House Women and Violence Project is involving consumers in an innovative design for a qualitative evaluation. The design will use participatory research methodology by actively involving the program's consumers as a research team. Working in consultation with a professional

researcher, Dr. Eleanor Downey of Colorado State University, the team will be recruited, hired, and trained in qualitative research methodology and data collection techniques. By using consumer research interviewers at every stage of the development, implementation, and analysis of the qualitative evaluation, Arapahoe House hopes to gain new insight into the strengths that consumer representatives can add to research projects.

DC Trauma Collaboration Study

Washington, District of Columbia

Roger Fallot - comconrdf@aol.com

In May, the District of Columbia Trauma Collaboration Study completed filming for a videotape to train Trauma Recovery and Empowerment group leaders. They plan to edit the tape this summer and expect a 9-10 hour finished product by September. The training video will provide detailed instruction in leading Trauma Recovery and Empowerment groups. Dr. Maxine Harris presents each of the 33 sessions in detail. Her lectures/descriptions are supplemented by demonstration of key leader techniques, skill development exercises, reflections of trauma survivor group participants, and comments by experienced group leaders. The site also hopes to produce from this filming, a second, brief videotape of trauma survivors speaking about their experiences, including the impact of trauma on their lives and central aspects of their recovery.

Triad Women's Project

Avon Park, Florida

Gigi Cabrera - 941-452-3858

The Triad Women's Project has started a Children's Committee that met for the first time at the beginning of July. The goal of the committee is to develop and improve access to services that will assist mothers in advocating for their children, and to improve their parenting skills. Representatives from various agencies within the district are invited to join the committee, as are C/S/Rs. Many individuals are expressing interest in contributing to the Children's Committee. Gigi Cabrera, both the Children's Services Coordinator and the Outreach Services Coordinator, is the chair of the Committee. In the future she plans to develop an Outreach Committee to further the interests of minority women in need of services.

Safe Life: A Study of Abuse Among HIV-Infected Women

Miami, Florida

Sally Dodds - sdodds@obgyn.med.miami.edu

The Safe Life project in Miami is the only site in the Women, Co-Occurring Disorders and Violence Study focusing exclusively on women who are HIV-infected, survivors of physical and sexual abuse, and who experience co-occurring mental health and substance abuse problems. The site has set the dates for the first annual Safe Life Symposium on Trauma and HIV Infected Women. Scheduled for September 27 & 28, 1999, the speakers include Maxine Harris, Ph.D. (Trauma-Informed Systems), Laura Prescott (C/S/R Involvement), Heidi Resnick, Ph.D. (Trauma and Its Sequelae), and Mary Ann Dutton, Ph.D. (Domestic Violence). The Safe Life Symposium will define the relationship between trauma and HIV risk behaviors, as well as provide recommendations for trauma, substance abuse, and mental health providers about the special needs of at risk and HIV-infected women and their children.

TAMAR Project

Baltimore, Maryland

Susan Mockus - rightyes@aol.com or 410-771-9021

The TAMAR (Trauma, Addictions, Mental Health and Recovery) Project in Baltimore targets adult women with alcohol, drug abuse, mental health (ADM) disorders and histories of violence who are currently inmates in detention centers for misdemeanors or nonviolent felony offenses. The Project has started an Advocates Advisory Board made up of eight diverse C/S/Rs who meet monthly. The Board was started in February and the group is paid hourly for their time. The Board has had input on issues around the hiring of trauma specialists and integrating C/S/Rs into the study. Three of the members were sent to the Second National Conference on Women in Los Angeles in June. In order to keep the C/S/Rs abreast of all of the occurrences in the study, Susan Mockus prints the e-mail and sends it to the C/S/Rs that do not have computers through the regular mail. Those who are involved find the experience empowering and they are grateful to have the opportunity to give something back. One of their ideas for the future is to develop a chatroom on the Internet for C/S/Rs in the study and/or across the country that could serve as a way to communicate across the miles.

The Boston Consortium of Services for Families in Recovery

Boston, Massachusetts

Hortensia Amaro - hamaro@bu.edu

Boston Consortium of Services for Families in Recovery (BCSFR) has started its own C/S/R training program called The Consumer Leadership Training Institute. The Institute is designed to prepare 20

consumers for participation in the governing and advisory bodies of the BCSFR. The curriculum utilizes an experimental learning model that focuses on leadership, vision, principles, and skill building. Leadership is modeled and participants are encouraged to explore self assessments, accountability to one's self and others, constructing a personal support team, effective public speaking, and managing one's own life while contributing to the quality of someone else's. Laverne Saunders, RN, MA, who is an experienced trainer and a woman in recovery, will be the group leader.

The Women Embracing Life and Living (W.E.L.L.) Project

Cambridge, Massachusetts

Laurie Markoff - wellproject@healthrecovery.org

The W.E.L.L. Project at the Institute for Health and Recovery in Cambridge has developed a cross training curriculum that will provide a knowledge base for providers to deliver integrated services. The curriculum was developed using input from multiple focus groups with consumers and providers. The training series includes topics such as integrating an understanding of trauma into substance abuse and mental health services, providing gender-specific treatment, identifying the effects of violence on children, understanding the importance of cultural competence, building lesbian-friendly services, and involving C/S/Rs in service planning. The first three modules of the training series have been provided for administrators, program managers, and supervisors at the three local sites of the W.E.L.L. Project and the feedback has been overwhelmingly positive. Direct care providers at the same sites will receive a similar series in the fall.

Franklin County Women and Violence Project

Greenfield, Massachusetts

Leslie Lewis - 413-536-2401 x3026

The Franklin County Women and Violence research team recently completed an exhaustive asset-based community assessment (over 100 key informant interviews) which served to identify individual and organizational strengths and resources within the community for women and their children. Equally important, focus groups were conducted with women across the county where they shared their self-identified strengths, knowledge of local resources, experience with barriers to supports and resources, and suggestions for positive change. The assessment provided an excellent opportunity for information exchange across systems and agencies, and laid the groundwork for deepening the site's educational and integration efforts, influencing beliefs and philosophy around trauma, and enhancing women's lives.

RESOURCES (CONT)**Sidran Foundation**

2328 W. Joppa Road,
Suite 15
Lutherville, MD 21093
410-825-8888
<http://www.sidran.org>

The Sidran Foundation provides education, advocacy and research related to the treatment of trauma-related stress. Resources include clinical, educational and survivor-supportive publications.

Survivors Art Foundation

P.O. Box 383
Westhampton, NY 11977
<http://www.survivorsartfoundation.org>

SAF is committed to empowering artists and encouraging healing through the arts. This site offers art resources, a web gallery, and links to a range of survivor-oriented resources.

MISCELLANEOUS**National Women's Health Information Center**

1-800-994-9662
<http://www.4woman.gov>

The National Women's Health Information Center web site provides a gateway to a vast array of women's health information from hundreds of Federal health clearinghouses, private sector organizations, and web sites related to women's health.

The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring mental health and substance abuse disorders who also have histories of physical and/or sexual abuse.

"The Tapestry" is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The Better Homes Fund, Community Connections and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, Chapel Hill. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites. This publication was developed by The Better Homes Fund.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers - The Center for Substance Abuse Treatment, The Center for Substance Abuse Prevention, and The Center for Mental Health Services.

For more information on this Initiative, please contact Policy Research Associates, 262 Delaware Avenue, Delmar, NY, 12054, 518-439-7415, e-mail: wvcc.prainc.com.

THE TAPESTRY Editorial Staff

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Nothing About Us... (continued from page 3)

The Research 101 session and the discussions that followed were important steps in the right direction. The working relationship between the researchers and C/S/Rs is an opportunity to learn and make progress towards a common goal. Clearly there is still work to be done, but it is important to keep in mind that this is a constant process, one that will continue to evolve over the life of the study. The process itself produces knowledge, and has great potential for educating all of us. Jacki McKinney's goal is that research in this study can be a two-way street, where everyone feels she/he can communicate and contribute in a meaningful way. As Ms. McKinney explained, both in terms of designing interventions and assessing their impact, the key to successfully integrating C/S/Rs is to do:

"Nothing about us, without us." ■

For a copy of, *"Dressed-down Research Terms: A Glossary for Non-researchers,"* please e-mail Nancy Birney at the Missouri Institute of Mental Health at birneyn@mimh.edu or call her at 314-644-7913.

News/Sites... (continued from page 7)

Integrated Services for Women & Children in the Ozarks

Joplin, Missouri
Alison Malinowski - 417-782-1772

The Integrated Services for Women & Children in the Ozarks Project currently has three active workgroups. Each group is comprised of representatives from a variety of local service providers, people from the Department of Mental Health, and C/S/Rs. The three workgroups are the Training Committee, the Philosophy Committee, and the Service Committee. The Training Committee is outlining a three-level approach to address provider training, consumer development and community awareness. It is also in the process of organizing a conference that will educate providers in the community about co-occurring disorders and the impact of trauma. The conference is scheduled to occur in August in southwest Missouri. The Philosophy Committee is outlining the philosophical principles, which will guide all services under this project. Finally, the Service Committee is designing the site's comprehensive service matrix.

Portal Project

New York, New York
Sharon Cadiz - prfport@nais.com

The first year of the SAMHSA/Portal Project has introduced some significant innovations to the arena of human services in the city of New York. The Project Advisory Committee succeeded in bringing representatives from family services, legal advocates,

hospital administrators, drug treatment providers, domestic violence and homeless shelter staff, and community-based mental health professionals together at one table. They have helped to forge a truly collective vision of improved services to women and children while remaining actively engaged in the Multi-Disciplinary Team Case Conference, which convenes monthly to help close information gaps that threaten the quality of care for women with co-occurring disorders. Thus, narrowly defined agendas for these early steps have begun to expand in scope and have already fused meaningful bonds among practitioners and policy makers that benefit women and children.

KUUMBA Project

Portland, Oregon
Jeanne Cohen - 503-970-4451

Project Network has put together an acappella gospel choir that performs at local community events in their neighborhood. The choir is comprised of 10 African American women and their theme song is the Black National Anthem. Last month the choir performed at the First African American HIV Awareness Candlelight Vigil, the Healthy Start Program's Baby Day, and are scheduled to perform at the local "Juneteenth Celebration." Prior to their performances, the group practices three or four times a week. The women in the group find the activity empowering, therapeutic, albeit sometimes stressful. No matter what the obstacle, "the show must go on..." and the women report always pulling together and performing well.

The Women and Mental Health Project of Dane County

Madison, Wisconsin
Lola Barrientos Marquez - lgbarrie@facstaff.wisc.edu

The Mental Health Study Site of Dane County has completed an interview protocol for Phase I entitled, "Wisconsin Consumers Assess Their Services." A diverse pool of interviewers including social work students, consumers, and community representatives will interview four hundred to six hundred women in Dane County. The work is being done in collaboration with the Wisconsin Survey Laboratory, which will construct an electronic version of the protocol so that it can be administered with laptop computers in face-to-face interviews. The interviews have two goals. First, researchers wish to gain some sense of the number of women in Dane County who have co-occurring mental health and substance use problems and histories of sexual or physical abuse. Secondly, researchers wish to determine how these women, in comparison to others, feel about the quality of care they have received. The information gathered in the interviews will inform their efforts to build a more responsive system of care for women with co-occurring disorders.