THE TRAUMA RECOVERY CENTER CLINICIAN

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Photograph by Ezme Kozuszek

"She is a friend of my mind… The pieces I am,
she gather them and give them back to me
in all the right order."

—Toni Morrison

The UC San Francisco Trauma Recovery Center Model: Removing Barriers to Care and Transforming Services for Survivors of Violent Crime. Edited by Stacey Wiggall, LCSW & Alicia Boccellari, Ph.D. Produced in collaboration with Allen/Loeb Associates
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Overview of TRC Clinician Roles

This chapter provides an overview of the roles of the TRC Clinician. More detailed information about each role, including assertive outreach, assessment and treatment planning, clinical case management, and trauma-informed psychotherapy can be found in subsequent chapters of this manual.

Who is the TRC Clinician?

The TRC Clinician is a licensed mental health professional who conducts outreach, assessment, case management and psychotherapy services with clients, and brings a trauma-informed, cultural humility lens to each aspect of these services. This integration of roles is what sets the TRC model apart from many other trauma approaches and has been critical to the successful engagement and treatment of public sector survivors of violent crime.

TRC Clinicians have training and expertise in the assessment and treatment of acute trauma and polyvictimization, along with co-occurring mental health and substance use disorders, including anxiety disorders, mood disorders, and personality disorders. They are trained to provide evidence-based treatments including, but not limited to, Motivational Interviewing (Miller & Rollnick, 2012), Cognitive Behavioral Therapy (Craske & Barlow, 2006), and Skills Training in Affective and Interpersonal Regulation (STAIR) (Cloitre, Cohen & Koenen, 2011).

TRC Clinicians also have the flexibility to work with a wide variety of clients. While victims of crime are overrepresented in marginalized populations—such as people who are homeless, substance-dependent, chronically mentally ill, or living in poverty—survivors come from all walks of life. A Clinician's clients might include a young African American man who is a survivor of gun violence, a Caucasian woman who is homeless, diagnosed with Bipolar Disorder and in a violent relationship, and an Asian American university student who is the survivor of a drug-facilitated sexual assault on campus. As clients' needs dictate, Clinicians tailor their approaches to be more office-based or community-based, and to include more or less case management. The variability of clients' needs requires the Clinician to see the clients within the context of their environment, and recognize both the challenges and supports in that environment. Whatever their professional discipline (social work, psychology, marriage and family therapy, etc.), the TRC Clinician must recognize the value and necessity of providing trauma-informed case management within the treatment framework.

Engagement through Assertive Outreach

There are many reasons why survivors of violent crime avoid treatment, including the stigma associated with mental health services, embarrassment or shame, distrust of systems or providers based on previous negative experiences, emotional numbness, and making efforts to avoid any reminders of the recent trauma. For all of these reasons and more, the TRC model was founded to incorporate an assertive outreach approach to engaging clients in services. UC San Francisco TRC defines assertive outreach as making at least three attempts to contact a client within 30 days of the referral or missed appointment, including at least one of each: phone calls, letters, and home visits. The Clinician conducts assertive outreach to clients for the purposes of 1) initial engagement in services and 2) maintaining retention in services. Comprehensive contact information is collected at the time a referral is taken. Clients are asked for their permission to be contacted by phone, mail, and in person at their home address. This allows the Clinician to follow up if clients do not show up for appointments at the clinic, or to schedule appointments out in the community if clients are too psychologically or physically impaired to come to the clinic. This flexibility helps with both client engagement and retention.

Initial Assessment

As the first step to entering TRC services, the client completes an intake assessment with a Clinician. The assessment is conducted at the TRC, at bedside in the hospital as the client is recovering from their crime-related injuries, or at a client's home. The Clinician conducts a comprehensive psychosocial assessment using validated measures to assess psychiatric symptoms and pre-and post-trauma functioning (for more information on measures, see chapter on Measuring Clinical Outcomes and Conducting Program Evaluation). The goal of the intake is to assess all the needs of the client as a whole person, including immediate concrete needs. The survivor's hierarchy of pressing needs can result in psychological support ranking at the bottom, under food, shelter, income, and safety. The Clinician helps clients prioritize needs and gain access to needed resources. For many clients, this help is the "carrot" that draws them into a therapeutic relationship and facilitates engagement in mental health services. As with any mental health interview, the Clinician needs to balance rapport-building with information gathering. However, because of the nature of acute trauma, the Clinician is especially attentive to the need to establish safety and trust, and to provide a nonjudgmental approach to care. At the same time, the Clinician begins instilling a sense of hope that recovery from the acute aftermath of trauma is possible.

Once a week, all TRC Clinicians meet as a team to review intake assessments. Each Clinician who has conducted an intake presents it to their colleagues, and supervisors

confirm program eligibility, diagnosis, and treatment recommendations. Once a client enters TRC services, the Clinician helps the client through a staged model of evidence-based, trauma-informed treatment. This allows the Clinician to choose evidence-based interventions that are appropriate for a client's stage of recovery, from an initial focus on safety and stabilization, to reprocessing of the trauma when that is indicated, to assisting the client in creating or maintaining healthy relationships, and participating in meaningful activities. The Clinician is an expert in meeting a client where he or she is while supporting the client's growth and recovery.

Treatment Planning

When a client who has completed an intake begins treatment, the Clinician and the client use a Plan of Care (see appendix) to guide and focus short-term treatment. The Clinician asks the client to rate their level of need for help or services in areas such as medical care, food/clothing, legal assistance, and emotional/psychological care. The client and Clinician then prioritize three measurable goals for treatment. Typical goals include: linking with needed resources, establishing safety, and reduction of post-trauma symptoms. They also jointly identify client strengths that will help that person to meet their goals, and the plan for interventions and resources. The Plan of Care is referenced throughout treatment. If treatment is extended, or when treatment is ending, the client is asked to rate their progress made toward the identified goals. This serves to validate their achievements and/or to identify a need for transition to longer-term services.

Trauma-Informed Clinical Case Management

Most of the clients who enter TRC services can benefit from assistance with practical needs, including shelter, food, entitlements, medical care, and/or health insurance. At the UC San Francisco TRC, the Clinician provides this through case management. This contrasts with some other approaches, which divide psychotherapy and case work between two or more staff members. Integrating case management and psychotherapy within the role of Clinician has many advantages. It makes it faster and easier for clients to get help, as they don't have to navigate relationships with multiple providers or access different systems of care. The Clinician's provision of case management also helps build trust between the client and Clinician, which is especially important when clients do not initially identify mental health treatment as a need due to more pressing practical concerns or to perceived stigma. It also has therapeutic value, as people who have been recently victimized often find it curative to be helped by others. In addition, the Clinician's expertise enables her or him to fold therapeutic interventions into the provision of case management as appropriate. For example, a Clinician might introduce

anxiety management interventions in order to help a hypervigilant client tolerate sitting in a waiting room full of strangers while waiting to see a medical provider.

Trauma-Informed Psychotherapy

The TRC Clinician uses a staged model of care and evidence-based treatments to address post-trauma symptoms and help increase functioning and recovery. As mentioned above, this process begins with collaboratively identifying treatment goals. As goals are identified, the Clinician chooses appropriate therapeutic interventions. Psychotherapy is not restricted to special 50-minute office sessions—it can be provided during home visits, and integrated into other interactions with clients during case management, or interactions that may happen while transporting the client, sitting in agency waiting rooms, and any time the client is open and the Clinician can be of service.

Constructively Addressing Substance Abuse

The TRC model acknowledges the relationship between trauma, substance use, and other unhealthy coping behaviors, and does not require abstinence from substances as a precondition to enter services. Instead, the Clinician integrates substance abuse interventions with psychotherapy, case management, and the rest of the TRC care. A Harm Reduction approach (Marlatt, Larimer, & Witkiewitz, 2011) is used, accepting clients where they are while recognizing the need to help clients identify or learn healthier ways of coping that increase their ability to participate in and benefit from treatment. Clinicians directly address clients' substance use problems through the use of Motivational Interviewing, and also help clients link to higher levels of treatment, such as medical detox or residential programs, when needed. Clients can benefit from participating in both TRC services and externally-provided substance abuse treatment simultaneously.

Legal Advocacy

Clinicians provide assistance reporting to law enforcement, court accompaniment, and support with the U-Visa process (for undocumented survivors of violent crime). Clinicians also facilitate communication with the District Attorney's office, and teach clients anxiety/stress management strategies that help them to participate in the criminal justice process as needed. In a similar vein, the Clinician, with the client's permission, may consult with the police or the District Attorney's office in order to help bridge any communication issues and thus increase cooperation with law enforcement. Clinicians also link clients with assistance filing restraining orders as needed and provide relevant documentation.

Community Partnerships

The TRC Clinician builds and maintains good relationships with community partnership referral agencies. Many community agencies regularly work with clients who present with complex needs secondary to acute and chronic trauma, substance abuse, and/or severe mental illness. Yet, these clients have traditionally fallen through the cracks and have not received the trauma-related services they need. And the agencies may lack much-needed access to licensed mental health clinicians. By conducting community presentations and trainings, and working collaboratively with other agencies to address the needs of local crime survivors, Clinicians help increase partner agencies' participation in identification and referral of survivors of interpersonal violence. Over time, these partnerships help increase access to TRC and other services for all local survivors of violent crime.

Resources in this Manual

This manual has chapters on the different functions of the TRC Clinician. In addition, the case examples given in *Who Are TRC Clients?* illustrate how the Clinician individualizes comprehensive treatment to provide effective services to diverse clients with a range of needs.

References

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