

INSPIRE & CONNECT

National Alliance of Trauma Recovery Centers Newsletter

www.nationalallianceoftraumarecoverycenters.org

August 2023

Welcome NATRC's New Executive Director, Dr. Gena Castro Rodriguez!



Dr. Gena Castro Rodriguez joined the NATRC in August of 2023. She has extensive experience working with crime survivors, providing training and technical assistance, and advocating for services and resources to survivors of crime and violence. She is very excited to work with TRCs across the U.S. who are working to help survivors heal and recover.

Prior to joining the NATRC, her work focused on interrupting the cycle of violence that leads to more incidents of trauma and victimization (polyvictimization) and sometimes to violence and criminal behavior (victim/offender overlap).

She has a Psy.D. in clinical psychology and is a Licensed Marriage and Family Therapist in California, with over ten years of experience working with survivors of trauma and violence in both community mental health settings and in private practice. Dr. Castro Rodriguez served as the Chief of Victim Services for the San Francisco District Attorney's Office for seven years, and then as Director of the Survivor Center for the Prosecutors Alliance of California. She has led more than one hundred trainings on trauma, crime survivors, and the criminal justice system nationally and internationally, including work with the U.S. State Department in Kosovo and Albania. In addition to her new position as the Executive Director of the NATRC, Dr. Castro Rodriguez is an assistant professor in the Graduate Counseling Psychology Department at the University of San Francisco, where she teaches many courses including Trauma and Crimes, Counseling Across Cultures, Child and Adolescent Psychology, Group Dynamics, Psychopharmacology, and Community Mental Health. She looks forward to collaborating, learning, and working with all the teams leading vital survivor work in the NATRC.

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NATIONAL ALLIANCE OF
TRAUMA RECOVERY CENTERS

TRC GOOD NEWS



The Jewish Community Council of Greater Coney Island (JCCGCI) TRC team (Brooklyn, NYC) geared up for a TRC launch. Dr. Mathyde Frontus, Dr. Dulande Louis, and Rabbi Moshe Weiner (pictured left) convened a meeting of community leaders and clergy as the TRC prepares for opening their doors.

The Jersey City Medical Center TRC (Jersey City, NJ) hosted a booth at the Brain Health and Community Resource Fair educating attendees about TRC services. Pictured: Nina Lopez (left) and Lia Castillo (right)



The Advocate TRC team (Chicago, IL), pictured left, participated at the Strides for Peace event, a race against Gun Violence. Donations were raised for the Advocate TRC and for grass roots organizations that work with individuals impacted by gun violence.

The Thriving Mind's VOCA Community Advisory Board members (Miami, FL) hosted an event in honor of June's Gun Violence Awareness Month to memorialize deceased victims of gun violence.

Thriving Mind VOCA Community Advisory Board members were in attendance, including Trenise Bryant, Denise Brown, Dorothy Williams, and Deidre Anderson (pictured right)



TRCs IN THE NEWS



Brenda Glass Dedicates Her Life to Helping Greater Clevelanders Who Have Been Impacted by Violence

CLEVELAND, OH — Brenda Glass has made it her mission to give back, pouring everything she has into her work as founder and CEO of the the Brenda Glass Multipurpose Trauma Center. For years, Brenda Glass has worked with community members, some at-risk, and some victims of violence, all of whom have needed support and guidance through challenging times.

Link <https://www.wkyc.com/article/news/local/outreach/brenda-glass-helping-those-experiencing-violence-greater-cleveland/95-a6111eaf-e369-4deb-8d19-d086f049c371>



Citilookout Trauma Recovery Center Offers Help Four Years After Dayton's Oregon District Shooting

DAYTON, OH -- The Citilookout TRC of Springfield, OH, hit the ground in Dayton four years after the mass shooting, working to help people cope with the unimaginable, providing a support system, and helping survivors with something that happened in their our own backyard.

Link: <https://www.wdtn.com/news/local-news/trauma-recovery-center-offers-help-four-years-after-oregon-district-shooting/?fbclid=IwAR1lIcJnVAobc9EAxw-NAZ8keJ8Tq9edoSCtMmikUOVLNW2dSdr2KS4Lyp8>

Progress is impossible without change, and those who cannot change their minds cannot change anything.

George Bernard Shaw

Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek.

Barack Obama

Spotlight On Grady Trauma Recovery Center

For this newsletter, we're sharing an overview of Grady TRC in Atlanta. Initially funded in 2019, they were the first TRC in the South and are located at Atlanta's only Level 1 Trauma Center, Grady Hospital.

**With Diana Cortina-Rodriguez, LMFT, RPT
Trauma Recovery Center Supervisor**



(pictured right, names in no particular order below)

Diana Cortina-Rodriguez, LMFT, RPT – TRC Program Manager
Taylor Roddie, LPC CPCS—TRC Team Lead Supervisor
Adam Nguyen, LCSW—TRC Clinician
Katie Portillo, LPC—TRC Clinician
Simone Wilson, MA—TRC Clinician
Herman Mitchell, MSW—TRC Clinician
Denzel Walker, MSW—TRC Clinician
Jasmine Davis, MSW—TRC Clinician
Yuriy Davydenko, TRC Data Analyst
Angelina Dodson, TRC Intern
Erin Sanders-, TRC Intern

Can you please share a brief overview of Grady TRC?

In the Atlanta area, Grady Hospital is the premier integrated trauma informed care center for violent survivors and their families. We provide safety net services to engage with survivors that weren't typically reached by the mainstream mental health or social services. Our TRC targets two counties, Dekalb and Fulton, which are the biggest ones here. Right now, we have six full-time clinicians, one team lead supervisor, one data analyst, and two new interns. We hope to grow and hire more people to be able to expand to serve other counties in the future. The number of patients we serve has been growing steadily and the most recent quarter had a 14% increase. Our goal is to serve at least 200 patients a year and we are on track to exceed that this year.

What do you see as your TRC's greatest strengths?

It's really hard to choose! But with careful consideration I would say it's our sense of community. I'm sure other TRCs feel like this as well, but we are really practicing what we preach by not only providing trauma-informed services in a trauma-informed environment for the patients that we serve, but also for the staff. I think it really shows in the genuine care we have for one another. We have lunch together almost every day, we have clinicians that have gone on trips together. We also have our monthly out-of-office team outings. We're supportive of one another in life's exciting moments, like getting promoted or licensed, or birthdays, but we're also there during some of life's more challenging moments. The sense of community we've cultivated is a big strength.

Another strength is certainly our diversity. Everyone at the TRC is a person of color or a minority and this intentional representation fosters a sense of connection and relatability with our patients when they come here and they can see someone that looks like themselves. We're primarily serving people of color here at the Grady TRC, so I think that's really wonderful. We also have diversity in our various clinical backgrounds. Our team has Professional Counselors, we have Social Workers, and I myself am a Marriage and Family Therapist. So we have this big array of knowledge to kind of ping off of one another. It allows us to all bring something unique to the table.

What are some of the challenges your TRC has faced?

This TRC certainly has seen some things. We got our initial grant in 2019, and in December, there was a catastrophic flood here at Grady that severely impacted the health system and was pretty hard for Grady to bounce back. And then a few months later, COVID - so that was a rocky start. And within those first two years there were leadership changes that caused some instability in the program. We also face the challenge of space. Grady is a huge hospital and space is very limited. For those first couple of years, we were all kind of siloed and in different offices in different areas and we didn't move into our official space that we now inhabit until November of 2021.

And then the biggest challenge, that I know we share with probably most other TRCs, is funding. Continuous cuts to our funding streams really prevent us from operating the program to its full potential. When your budget is cut, you have to really strategize and that impacts things like the amount of patient assistance we can offer - helping pay for utility bills, emergency shelter or stay, things along those lines. It's heartbreaking to have a lower cap on that and have to stretch it throughout the grant cycle. For staff, it's disheartening to feel like we can't help every survivor to the fullest capacity we would really like to. Also, not being able to hire more staff to be able to grow the program has hindered us as well.

Could you please share a brief de-identified vignette of a client?

Yes, I'm going to share some info about one of the clinician's patients. We'll call him Mr. C. Mr. C is a middle-aged African American male and he came to us after a physical assault that included a TBI (traumatic brain injury) that required significant surgical and medical intervention.

He was referred to us by his medical team. And when our clinician went to speak with him at the hospital bed, he was really angry, and did say that he was considering retaliatory acts and was wanting to "call in a favor" within his network. We definitely wanted to try and help with some of those safety concerns and help make sure that he didn't have any of those retaliatory thoughts turn into action. He was employed when he was injured, but also was living in a shared environment where his injury took place. So when he left Grady, he didn't really have a place to live because he didn't feel safe going back there. And he was unable to work after experiencing his injury. The only support person he really had going for him at the time was his father, but he had a pretty disengaged / conflicted relationship with his dad. So we were a lifeline for him at that point, because his father said that he wouldn't be able to stay with him.

At Mr. C's intake, it was identified that he was really still struggling with a lot of trauma reactions, specifically anger and those thoughts of retribution. We addressed the retaliatory thoughts and feelings first, and he was able to come to an agreement to not act on those. He worked on how he would like to respond should he see his assailant; he was able to come up with a plan and really work on those skills to prepare for when he saw them, which then happened twice. He ignored them and per his words, was letting the detective do his job instead of taking justice into his own hands.

Mr. C was also experiencing intrusive thoughts, he was having flashbacks, extremely hypervigilant, and he disclosed challenges with alcohol use. It was initially hard for the clinician to fully get him engaged, but eventually the rapport was built, and we were able to really give him the full benefit of all of our services.

So then the treatment moved to addressing the traumatic injury and the clinician facilitated some EMDR (Eye Movement Desensitization and Reprocessing) treatment, and Motivational Interviewing interventions to help with the alcohol use. He was able to complete treatment with almost no PTSD symptoms. He still was engaging in some alcohol use, but decreased to where it was not a safety concern. And he was able to really address root causes of his drinking with the EMDR, tracing it back to childhood, traumatic grief and conflicts with his family, and he was able to reconcile those through the course of his recovery.

When he left treatment, he was also cleared to work again and slowly began working full time. He reported feeling back to himself and confident in picking up his life trajectory where he was, prior to the injury. We see Mr. C as a huge success story.

Are there any other highlights about Grady TRC's team or your work that you'd like to share?

Yes – one thing that's different about us is that we can see patients age 5 and older. We have a fully equipped playroom and while we're still eager to get our first patient under 13, we've had a lot of teens and adolescents referred to us. We also have our therapy dog, Louie, who comes to work to provide some animal-assisted therapeutic interventions.

We also really love to have fun. A lot of times when people hear even just the words "Trauma Recovery Center," immediately there's this heaviness that goes with that, and certainly this work is difficult and challenging. And it can bring up a lot of emotions, and compassion fatigue and secondary traumatic stress are real. And I think building on that sense of community in order to really help us mitigate some of those factors is necessary. We incorporate a lot of play. And when clinicians have down time between sessions, I encourage them to do self care. That might be making a sand tray, it might be coloring, it might be reading, listening to music, it might be walking around outside. Whatever it is that really helps soothe their nervous system. It's welcomed. It's encouraged. So is time off and asking for help when you need it.

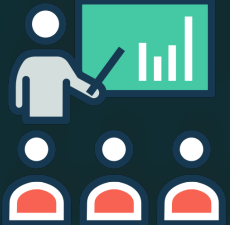
And really, this is a dream job because I have a dream team.

UPCOMING TRAININGS: Save the Date (registration coming soon)

Training from Dr. Stan Huey on An Evidence-Informed Model for Mental Health Treatment with Ethnic Minority Clients and Other Underserved Populations

October 20th, 2023 - 9 AM - 12 PM (PT) for California TRCs

October 27th, 2023 - 9 AM - 12 PM (PT) for Regional TRCs



TRAUMA RECOVERY CENTERS

CALIFORNIA
22 TRCs

FLORIDA
1 TRC

GEORGIA
1 TRC

ILLINOIS
5 TRCs

IOWA
1 TRC

LOUISIANA
1 TRC



NEW JERSEY
5 TRCs

NEW MEXICO
1 TRC

NEW YORK
4 TRCs

OHIO
8 TRCs

PENNSYLVANIA
1 TRC

TEXAS
1 TRC

51 TRCs Nationally in 12 States (as of 7.1.2023)

TRCs: Send us your TRC news at kathy.liu@ucsf.edu.

To subscribe to the NATRC Newsletter email kathy.liu@ucsf.edu.

Please click [here to](#) link to the UCSF TRC Manual: A Model for Removing Barriers to Care and Transforming Services for Survivors of Violent Crime



NATRC