

INSPIRE & CONNECT

National Alliance of Trauma Recovery Centers Newsletter

www.nationalallianceoftraumarecoverycenters.org

February 2024



“Just because no one else can heal or do your inner work for you, doesn’t mean you can, should, or need to do it alone.”

– Lisa Olivera

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NATIONAL ALLIANCE OF
TRAUMA RECOVERY CENTERS

TRCS IN THE NEWS



[Grady TRC](#) (Atlanta, GA) awarded for their contributions to the community on Georgia Gives Day on Giving Tuesday

11Alive, Atlanta's leading local news organization, recognized the Grady TRC and other non-profits that raised awareness on social community issues like racism, food insecurity, poverty, and education inequality.

[CLICK HERE FOR ARTICLE](#)



Stephen Massey, [CitiLookout TRC](#) Director (Springfield, OH) participated in the middle schools community violence writing challenge

The national writing competition, [Do the Write Thing](#), sponsored by Ohio AG Dave Yost, focuses on the effects of violence on young people, asks students to explain how youth violence affects them and to share their ideas on how to stop it.

[CLICK HERE FOR ARTICLE](#)



[Seven Hills TRC](#) (Cincinnati, OH) acknowledged for their wonderful community work

The Trauma Recovery Center is part of a network created by the state of Ohio in 2017 to provide survivors with no-cost mental health assessments, individual counseling and group therapy.

[CLICK HERE FOR ARTICLE](#)



TRC GOOD NEWS



TRC HOSTS CONFERENCE

The Mercy Health Toledo Trauma Recovery Center held a domestic violence conference on October 11, 2023, entitled, "The Deadly Silence" in recognition of DV Awareness month.

(Photo is of the Mercy Health TRC team involved in the planning of the conference)

TRC IN THE COMMUNITY

Building Opportunities for Self-Sufficiency TRC (BOSS) participated in the Homeless Resource Fair. The fair united homeless service providers from across Alameda County to offer vital resources to unhoused community members.



TRC PANEL DISCUSSION

Astor TRC (Bronx, NYC) presented on a panel discussion "Trauma in Communities: Impact & Strategies for Addressing Mental Health" at the 2023 Puerto Rico Conference.

TRC CELEBRATES THE END OF THE YEAR

UCSF TRC celebrated the end of the work year. The UCSF TRC administrative staff, clinical staff and leadership were joined by the connected UCSF victim service departments: the Rape Treatment Center, Neuropsychology, and the Children and Adolescent Support Advocacy and Resource Center.

(Photo is of the UCSF TRC team during the holiday party)
















NATRC MISSION: *To advocate and increase access to trauma-informed quality care for all people impacted by violence and systemic inequities.*

The NATRC Steering Committee has the authority and responsibility for the governance of the National Alliance of Trauma Recovery Centers. Its members serve as leaders who help develop and guide the NATRC's strategic plan, establish and implement policy, and provide recommendations in best practices as it relates to the implementation of current and future UCSF-modeled Trauma Recovery Centers located throughout the United States

NATRC Steering Committee Members:

-  Alicia Boccellari, Founder, NATRC
-  Gena Castro Rodriguez, Executive Director, NATRC
-  Alyson Simmons, Executive Director, Central Iowa TRC, IA
-  Bitu Ghafoori, Director, Long Beach TRC, CA
-  Brenda Glass, Founder & Director, Brenda Glass Multipurpose Trauma Center, OH
-  Dawn Lochbaum, Program Manager, OSF STRIVE TRC, IL
-  Diana Cortina-Rodriguez, Program Manager, Grady TRC, GA
-  Dulande Louis, Director, JCCGCI TRC, NYC
-  Iris Cruet-Rubio, Co-Founder & Clinical Director, MIRACLES Counseling Center, CA
-  Kim Müller, Director, Advocate TRC, IL
-  Stephen Massey, Director, Citilookout TRC, OH

NATRC Steering Committee members and NATRC staff joined together in San Francisco



Pictured (left to right): Kathy Vang-Liu, Gena Castro Rodriguez, Bitu Ghafoori, Brenda Glass, Stephen Massey, Diana Cortina-Rodriguez, Kim Müller, Alicia Boccellari, Stacey Wiggall, Dawn Lochbaum, Gabriella Lewis, Dulande Louis and Iris Cruet-Rubio.

FOR MORE INFORMATION ON THE STEERING COMMITTEE MEMBERS PLEASE VISIT THE NATRC WEBSITE:

<https://nationalallianceoftraumarecoverycenters.org/about/natrc>



Inspire and Connect TRC Spotlight

In this Newsletter's Spotlight, we have an opportunity to hear from Dulande Louis, Founding Director, Jewish Community Council of Greater Coney Island's Trauma Recovery Center—



Dr. Louis is an Afro-Caribbean licensed social work practitioner, adjunct professor at Adelphi University and Touro College in New York, and the Director of the Jewish Community Council of Greater Coney Island's Trauma Recovery Center.



Can you please share a brief overview of your TRC?

Our TRC is among a long list of programs under the Jewish Community Council of Greater Coney Island (JCCGCI). Located in Brooklyn, New York (Coney Island), we are one of New York City's four TRCs. We began operation in June 2023 and met with the very first participant for services on August 28th. We serve a diverse participant body in a community that has been plagued by gun violence, among other forms of community violence, for far too long. We aim to dismantle barriers and facilitate healing for survivors of violence and trauma—by providing access to free services for underserved individuals dealing with unprocessed traumas. With JCCGCI's long history of a robust community-based framework, our TRC is uniquely positioned to navigate the nuances of a trauma-informed service delivery process to individuals at the margins of society.

What are some of your TRC's greatest strengths?

We intentionally embody the TRC model of care. Model fidelity is not merely a phrase we use, but we ensure that the model indeed informs the work we do with each participant. Additionally, our core values of CARE, Cultural-humility, Agility, Respect, and Empathy allow us to truly meet our participants where they are—as we partner with them through the recovery journey. Furthermore, our dual status of insider and outsider enables us to decolonize the recovery process.

Insider—we can relate to the people we serve on many dimensions, such as intersectionality and experientiality, to name a few. We don't have to travel too far to empathize with those we serve because we've had our own share of traumatic experiences. Our outsider status is related to where we are in our healing journey. Because we've begun the healing journey and have acquired academic knowledge about the recovery process and the evidence-based practice approaches, we are well-equipped to partner with participants in their recovery process. Lastly, we don't take ourselves too seriously; we bring humor to the work when appropriate; participants have shared that they appreciate that.

What challenges has your TRC faced?

We've encountered an array of challenges, the primary one being funding. I accepted the role of Founding Director of JCCGCI's TRC in May 2023 with the expectation of a specific budget. On July 1st, I learned I must run the new program with an overly reduced budget—50% less than expected. With this reduced budget comes various related challenges, such as the gross inability to locate a suitable site that aligns with my vision to create a physical service milieu that facilitates recovery—for about six months. We can agree that the physical environment impacts feelings and behaviors; hence, the recovery process. We recently identified a space in the community that aligns with the existing budgetary constraint but is incongruent with the vision of creating a physical environment that supports participants' healing journey. We signed the lease and are elated—focusing on its strengths while anticipating how we will use our imagination and creativity to transform the new TRC headquarter relatively close to what I originally envisioned.

Additionally, it's relatively challenging to identify viable candidates to render services with a reduced budget. While we've received additional funding after several attempts and pleas for funding restoration, for which we are grateful, we are still operating with a reduced budget. As a result, we are operating with significantly reduced personnel. However, regardless of the challenges, we remain highly committed to serving the community. We genuinely love the work, the people we serve, and we believe in the effectiveness of the TRC model.

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

I met with the participant for an intake engagement prior to her first session with our Trauma Therapist. She was a warm, humorous, kind, resilient Jamaican migrant. She was 59 years young and stood 6ft tall. We discussed the trauma story to determine eligibility for TRC services. In addition to the acute trauma and violence, she shared a long list of chronic conditions. I administered the standardized measures with a great deal of cultural humility and empathy. She was candid, vulnerable, and hopeful. She offered me a hug on her way out. I accepted the hug and thanked her for her warmth.

A week later, she arrived at the HUB for her first session. I met her in the waiting area and introduced her to her Trauma Therapist. She enthusiastically walked the hallway accompanied by her Trauma Therapist. She seemed ready to engage in the work. Roughly 10 minutes later, the participant was in the process of a full-blown stroke. We called 911; the ambulance arrived 15 minutes later.

I accompanied her to the nearest trauma center—17 minutes from the HUB. I waited until the medical team strongly requested that I exit the walls of the hospital. I left sad and overly angered. The unanswered questions flooded my mind. I was confused. I still am. She remained in a coma from the time she arrived at the hospital. We remained in contact with the medical team and the family. Our participant passed away on Thursday, January 11th. This tragic incident is a vivid example of the complex experiences of our participant body. In addition to individual and community trauma, our participants also deal with various chronic conditions resulting from a dire lack of access to needed care and services. These compounding factors make the need for TRC services in marginalized communities not only relevant but indispensable. Our participant was hopeful; we were too. We wanted to connect her with primary care and services and victim compensation funds while processing the traumatic experience. Sadly, we did not have an opportunity to coordinate her care. She was a victim of health inequity and palpable gaps in care in marginalized communities that the TRC model is designed to bridge.

Are there any other highlights about your team and/or their work you'd like to share?

Yes, we're DOPE! We hope the next fiscal year offers an opportunity to serve more survivors in our community.

2024 UPCOMING MEETINGS

February 22, 2024

California TRC Monthly Meeting
Regional TRC Monthly Meeting

March 7, 2024

NATRC Collective Care

April 25, 2024

NATRC Quarterly Meeting



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
5 TRCs

OHIO
8 TRCs

PENNSYLVANIA
1 TRC

TEXAS
1 TRC

52 TRCs Nationally in 12 States (as of 12.1.2023)

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

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