



HARM REDUCTION THERAPY CENTER

Summer 2012

Save the Date

HRTC's fall event features
fiery drug policy reform
champion

**Ethan Nadelmann,
JD, PhD**

**Thursday October 18
5:30—9pm**



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Working with Trauma and Substance Abuse—Part 2*

HRTC Clinical Staff

In our previous newsletter, we focused on the prevalence and experience of trauma in our client community. “We work with the most complicated people in the United States, in some of the roughest environments. Our clients are poverty-stricken, homeless, and suffer from mental illnesses, social ostracism, and severe medical problems. The most common characteristic of the people we work with (besides drug use and abuse) is that most have been abused or neglected as children or have been subjected to horrific life experiences as adults. At HRTC, 100% of our community clients have traumatic histories, and they confront danger every day. Many have post-traumatic stress disorder (PTSD). Especially in the Tenderloin, life is a war zone.”

Three Levels of Treatment

When we think of trauma treatment, we are usually thinking of *trauma-specific* interventions or *trauma-informed* programs. At HRTC, we have coined a third term to describe our work — *trauma-responsive*. What do these terms mean?

Trauma-specific treatment refers to treatment whose primary task is to address the consequences of trauma on each individual

client (see previous newsletter) and to facilitate recovery. Examples include individual or group therapy that helps members develop strategies to increase safety in their current lives (groups such as Seeking Safety), develop skills to manage emotionally difficult situations or traumatic triggers (such as time-limited educational groups), or decrease traumatic symptoms and responses (somatic treatments such as Eye Movement Desensitization and Reprocessing [EMDR] are helpful). The goals are to reduce the symptoms of PTSD and to improve life functioning, health and well-being.

Trauma-informed treatment or, more broadly, trauma-informed care is a general approach to designing programs that accommodate clients who have histories of trauma. In publicly-funded programs, the rates of trauma are enormous, all programs need to be trauma-informed.

Although many staff at HRTC are trained in trauma-specific treatment methods, our primary task is to treat dual diagnosis. While trauma symptoms are the most common co-occurring problems associated with substance misuse, we are not known as a trauma treatment agency. Instead, we *respond* to trauma

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Anniversary Event and book celebration was beautiful



Maia, Patt Denning, Clinical Director, and Kevin McGirr, Board President

HRTC's 11th anniversary was beautiful and inspiring. Investigative journalist **Maia Szalavitz** gave a moving and sometimes chilling talk from her book *Help at Any Cost: How the Troubled-Teen Industry Hurts Kids and Cons Parents*. Complete with statistics about injuries and deaths associated with boot camps and other confrontational programs intended to “straighten” kids out, as well as anecdotes from her own history, she made a compelling argument for harm reduction therapy as a respectful, client-driven alternative to the traditional treatment industry.

Trauma and Substance Abuse, continued

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Drug Users Union

Isaac Jackson
Lead Organizer
Gary West
Community Organizer
Holly Bradford
Admin Coordinator

symptoms as they emerge rather than intentionally drawing them out.

First, Do No Harm

“When a human service program takes the step to become *trauma-informed*, every part of its organization, management and service delivery is assessed and modified. . . . Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service-delivery approaches may exacerbate, so that these services can be more supportive and avoid re-traumatization.” (SAMHSA

In *trauma-informed substance use* treatment, what we DON’T do is more important than what we DO. We do NOT take away people’s drugs (as if we could!) We do NOT punish or reject people for using whatever they feel they need to cope. And we do NOT require people to do anything as a condition of receiving treatment. In our community programs, people don’t even need to tell us their name! ***Because loss of control and powerlessness are primary features of trauma, we create every opportunity for people to feel in control and powerful.***

Come As You Are

In a *trauma-informed program*, the environment is welcoming to absolutely everyone, calm, and free of intrusive elements such as excessively loud noises or aggressive people. Even requests for information as soon as someone arrives can be experienced as intrusive. So we meet people “wherever they are at” — literally—on the sidewalk, in the drop-in center or waiting room, on the phone, standing in

our doorway, in passing on the way to the restroom. Every interaction is considered part of the therapeutic encounter.

Staff is kind and compassionate. Psychotherapy research tells us that the relationship, rather than any particular therapeutic method, is what cures. The best relationships are respectful, even deferential, accommodating, interested, genuine, emotionally attuned, and fun.

We elicit information carefully. We do not ask people to tell us their stories, but listen intently when they do. We don’t ask them to change their behavior, but assist them when they do.



Staff and offices reflect our warmth

Trauma-Responsive

When, in the course of therapy, traumatic stories or trauma symptoms emerge, we have to be ready to help. Sometimes people get triggered by things that occur in their lives, sometimes by something the program or therapist says or does. When this happens, people have an emotional and physical response (see previous newsletter) *as if something traumatic were happening right now*. Sometimes that is true, sometimes not. In either case, people need

help to calm down. Here’s are some things we do:

Interrupt traumatic retelling—telling trauma stories can be traumatic in itself. Many people get flooded when they recall their histories. When this happens, we gently interrupt and bring them back to the present by techniques such as—*Grounding*—in this technique we ask people to focus on their immediate surroundings—look at the walls, the therapist, feel their feet on the floor and their back in the chair.

Guided relaxation—the therapist instructs the client to tighten then relax the muscles throughout the body, starting with the feet and ending with the scalp. *Talking about the feelings that arose after the flood subsides*—while not always helpful to retell traumatic stories, it is helpful to identify physical sensations and emotions that arise when a person was triggered. These are symptoms that can be reduced and managed by cognitive and somatic techniques. It helps just to understand that ***emotional and bodily reactions are normal responses to abnormal events, and to the memories of those events.***

Finally, make a plan for using these techniques at home—Empowering each person to manage their symptoms and their drug use means teaching people tools that will ultimately free them from the harmful impact of trauma or drugs. In this way, people have more choice in their coping mechanisms. Having a menu of options is the bedrock of harm reduction therapy.

In the next article, we will discuss the impact of working with trauma on the therapist.

Letter from the Executive Director *Jeanie Little, LCSW*

This summer we are saying goodbye to the longest-standing members of the HRTC community—**Perri Franskoviak** and **Kevin McGirr**. Both are moving on to incredibly exciting new work and lives. Their transitions mark the end of an era. Patt and I are the only two people remaining from our startup period. We are sad to see them go but excited about their new ventures. (See features) Though she cut back in December, **Simbwalu Schultz** gave up the remainder of her HRTC practice to devote all of her energy to her school therapist job.

Many other staff changes are happening. **Jamie Lavender**, who just passed his 5th anniversary at HRTC's program at Hospitality House, is leaving his therapist role there. He will be our Program Coordinator there and at our San

Mateo Co. AIDS Program as well as our Training Coordinator and Clinical Supervisor. **Jen Plummer** is expanding our role at Pretrial Diversion, Inc., after a year of working with homeless and mentally ill "offenders" who are diverted out of the jail system. She and nurse practitioner **Carey Martin** have done an outstanding job of working with very disabled clients. Jen will coordinate services there and at the Homeless Youth Alliance, where she and three other staff work with drug-using youth. She is also rejoining our fee-for-service practice. Jen and Carey also worked together in Hospitality House's seniors program, which closed this summer. **Mariko Obrero** and **Celia Sampayo Perez** are stepping into site coordinating roles at Hospitality House.

Justin Castello, Tara Kline,

and **Maurice Byrd** graduated from their internships and have joined us as staff therapists. **Jenn Fernandez** also graduated but has left for other work and travel after doing great clinical work at the Mission Neighborhood Resource Center. **Brian Schultz** graduated and is working on special projects for us.

Finally, we have hired a full-time administrative manager for the first time! I am thrilled to be working with **Chantel Cain**, who is doing wonderful things to our admin systems. We are excited to welcome new accounting manager **Carmen Chiong**. And we have our first volunteer in many years, **Larry de Young**, who will be shepherding our research into its next phase.

All in all, this summer marks the biggest changes in our staff since HRTC began. I am very proud and happy.



Updates from the SF Drug Users Union

an advocacy project by and for drug users to end the War on Drugs so that drug users can be treated with compassion rather than punishment, made national news during the week of March 11th. The New York Times and the LA Times published cogent articles about the union and its rationale, even prompting Jay Leno to make 2 jokes. See:

nytimes.com/2012/03/12/us/drug-users-union-in-san-francisco and latimelatimesblogs.latimes.com/lanow/2012/03/drug-users-union-san-francisco.html

Many other articles have appeared in the last few months just visit their website at www.sfdrugusersunion.org

More recently, SFDUU decided not to wait for the political process to take its course. West Office Exhibition Design volunteered to design models (both graphic and life-sized) of a potential Safe Injection Facility. We are determined that this life-saving intervention, which has rocked in Vancouver, will open in SF within a year. Part of the Streetopia art fair, it garnered attention in the SF Weekly.

SFDUU has stayed on track with its campaign to improve relationships between drug users and San Francisco General's Emergency Dept. A very good relationship has developed between SFDUU and Psychiatric Emergency Services. SFDUU, led by social work student Brian Schultz, created a guide to working with drug users for healthcare professionals. SFDUU members recently trained PES staff in harm reduction.

Finally, and happily, SFDUU has selected a new coordinator. Holly Bradford, who moved back to the US after 7 years of starting and running a harm reduction program for drug using gang members in Cambodia, has accepted the position of Administrative Coordinator. She is fabulous and we are thrilled.

Perri Franskoviak, PhD, Clinical Supervisor and Senior Staff Therapist



First Patt's psych assistant in private practice when we were just forming HRTC, then HRTC's first staff therapist, Perri really established herself when the Tenderloin AIDS Resource Center asked us to create a treatment program for their drug using and mentally ill clients. Starting with one intern and a part-time psychiatrist, she ended with a team of five therapists and nurse practitioners. At the same time, TARC needed clinical supervision for their own staff. For six years Perri was supervisor, advisor, supporter, and friend to the fifty or so program staff at TARC, which eventually became Tenderloin Health. She went from there to supervising staff at other community programs, most notably Hospitality House where she supervised groups of managers and staff for years. Over the years, Perri spent increasing amounts of her time, both for HRTC and in her own practice, training and teaching—from staff in shelters and drop-in centers to affiliate teaching gigs at colleges

and universities around the Bay Area, teaching became her primary passion. Now she has gotten a much-deserved full-time faculty position at Holy Names University in the Department of Psychology. She will have many years to come of turning students on to the wonders of the mind and to humane clinical practice. Perri will stay on as an affiliate therapist, so we will see her regularly, but she will be sorely missed by everyone for her deep caring for staff and her abiding love for our clients.

Kevin McGirr, RN, MPH, HRTC Outgoing Board President

Kevin, one of our founding board members (with Diana Sylvestre, MD, and Lorraine Blue, MFT), has remained with us through thick and thin (more often thin) ever since we incorporated in 2000. For the last several years, Kevin has served as our Board President. He came to us because of his early adoption of harm reduction at the San Francisco Department of Public Health and

because of his longtime friendship with Patt.

Kevin is not only moving on, he is moving! For the next year, he will teach at City University of New York. Following that, Kevin has received a Fulbright Scholarship to teach in India. A longtime traveller around the world, and especially in India, he is looking forward to being a resident there for six months. And then,

(for those who don't know, Kevin is retired!) he plans to apply to a PhD program in sociology. He just doesn't stop. We should all be so motivated and energetic in retirement!

What will we miss about Kevin? His staunch loyalty and dedication to harm reduction, his ability to navigate complicated systems, his steady good humor and equanimity during HRTC's first 10 years, and his great warmth.

Harm Reduction Therapy Center

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The Harm Reduction Therapy Center has a mission to practice and promote an alternative model of integrated mental health and substance abuse treatment that welcomes substance users at any stage of change. Harm reduction therapy does not require abstinence as either a condition of, or a goal of, treatment. HRTC's highest value is client choice — we put the reduction of harm before any other ideals. "Any Positive Change" is what we want to help our clients achieve.



Would you like to receive future newsletters via email instead of on paper? Help us save trees and money by signing up for our mailing list! Send an email to harmreductiontherapy@gmail.com and ask us to remove you from the "paper" list and put you on the "paper-less" list. Thank you!

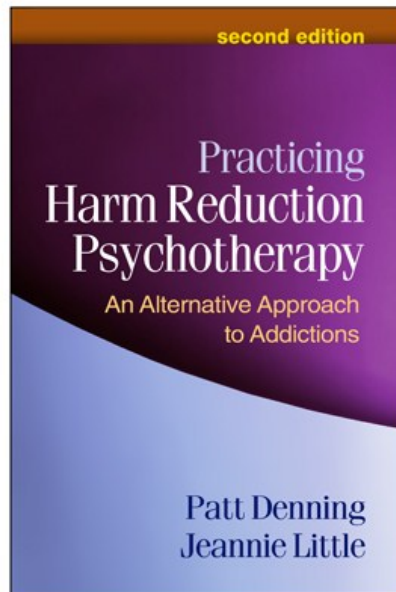
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Find more information at

www.harmreductiontherapy.org

LOOKING FORWARD

Upcoming events and news—



Book Review:

The first edition of Practicing Harm Reduction Psychotherapy was groundbreaking in the new approach it offered. This new second edition is far more than an update --it is an entirely new book which gives us a completely integrated and mature approach to addictions counseling which will be the gold standard for the 21st century. This book should be the standard text for every addiction treatment program and it is a must read for every mental health professional. It integrates the best research and practices from the 20th century into a workable whole which treats clients as human beings and not pariahs like so many other approaches to drug treatment do. This book gives ways to empower the client to succeed. *By Kenneth Anderson, author of "How to Change Your Drinking"*

SAVE THE DATE:

2nd Annual HRTC Fall Event

Guest Speaker: Ethan Nadelmann, JD, PhD
Executive Director, Drug Policy Alliance
Thursday, October 18 5:30—9pm

Attend the
2012 National Harm Reduction Conference.
HRTC is helping to create a Mental Health training track
November 15-18
Portland, Oregon
www.harmreduction.org

We are happy to have moved to a larger, bright and sunny office space in downtown Oakland. It will be just as easily accessible to BART—not to mention Jack London Square and yummy restaurants! New address:
315 Broadway
Oakland, CA 94607

www.harmreductiontherapy.org

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