

Testimony in Support of House Bill No. 5821 “An Act Concerning Behavioral Health and Substance Abuse Services That Are Gender-Specific and Trauma-Informed”

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My name is David Albert, and I am a clinical psychologist and Assistant Professor of Psychiatry at the University of Connecticut Health Center. My primary research and clinical interests are in the field of traumatic stress. I am particularly interested in the effects of chronic maltreatment on children and adolescents, and in developing effective treatments for survivors of child abuse. Prior to joining the faculty of UCONN, I was employed as a consulting psychologist at the Department of Children and Families, where I was tasked with developing an agency-wide initiative to improve care for abused children and their families. I received my doctorate from Northwestern University, and I have completed two years of postdoctoral training with Drs. Judith Herman and Mary Harvey at the Victims of Violence Program at Harvard Medical School.

I am pleased and honored to have an opportunity to speak to you about the need for an act to ensure that behavioral health and substance abuse services in Connecticut are informed by what we know about the needs of trauma survivors. When I think of the many children and adults for whom I've provided treatment or consultation, trauma unfortunately played a significant and harmful role in virtually every one of their lives, regardless of the specific psychiatric disorders with which they were diagnosed. I think of children in psychiatric hospitals or residential treatment programs who hear voices or are severely depressed and also are scared to trust anyone because they were abused. Or boys and girls in foster family placements who have a hard time at school and with peers because they can't concentrate and get angry and aggressive to protect themselves when they feel haunted by unwanted memories of domestic violence that they couldn't protect themselves or their siblings from experiencing. And I think of the many adults who I've seen struggle with addiction and depression that is worsened by nightmares and waking reminders of violence or maltreatment that they experienced years ago as a child.

So we are not talking about a small subset of individuals. The number of persons seeking behavioral health and substance abuse services who are not only trauma survivors – but who continue to struggle with the physiological and emotional aftereffects of their traumatic experiences is staggering.

And we in the mental health field have not done a good job of noticing when our clients are struggling with posttraumatic psychiatric symptoms. Research on adults with severe mental disorders who are receiving psychiatric treatment consistently demonstrates that a very large proportion – perhaps half – of these individuals also have Posttraumatic Stress Disorder (PTSD). The research also shows that this disorder is almost always overlooked. And this comes at a great cost.

Persons who suffer from PTSD in addition to another psychiatric disorder tend to do worse in treatment. One reason for this is that they usually aren't offered the treatment that they need. This is not because effective treatments don't exist – they do. But clinicians often miss the diagnosis, or aren't informed about treatment options, or aren't trained to offer the necessary interventions. So not addressing trauma issues in a timely and effective manner actually makes behavioral health services less effective and more costly and time consuming than delivering services that are trauma-informed. Trauma-informed services are not an added cost or burden, but a proven way to reduce costs and achieve better outcomes across the full range of behavioral health problems.

As I mentioned previously, trauma-informed treatment is treatment that takes into account what we know about the needs of trauma survivors. Some survivors will require treatments that focus on trauma-related symptoms. Many will not, but they can still benefit from treatment that is trauma-informed. Even when a survivor doesn't happen to have PTSD, that doesn't mean that she or he would not benefit from trauma-informed treatment. Some examples of trauma-informed services include allowing a child abuse survivor to leave the lights on at night in a residential treatment center. Or implementing seclusion and restraint practices that are unlikely to recreate abuse experiences. Or simply informing clients and their families of the possible ways in which their traumatic experiences may still be effecting them, their relationships, their ability to succeed in school and work, and their ability to simply get a good night's sleep and feel a sense of inner peace. These may seem like small things to ask for, but they are not. Trauma deprives people of their fundamental right to the pursuit of happiness. Trauma-informed services are a crucial step to restoring that right.

In sum, trauma-informed services are more likely to be successful than services that are not trauma-informed. That's the bottom line. As a result, they are likely to save money. Trauma-informed services are not a luxury to be reserved only for affluent persons, but should be available to every child or adult who is recovering from behavioral health problems. By requiring state-run or state-funded behavioral health and addiction services to be trauma-informed, you will be improving the lives of countless Connecticut families.

Thank you.