

*Improving
Lives in Our
Community*



2016 • 2017
ANNUAL REPORT

Wellmore
Behavioral Health 
Wellness for a lifetime™

Women and Recovery

“In the spring of 1978, First Lady Betty Ford publicly announced she had begun her recovery from addiction to alcohol and other drugs. It was a stunning moment for those who had long worked to destigmatize and convey hope for addiction recovery among women. Betty Ford’s courage and candor boosted the women-focused research and treatment agendas [that] sparked many local communities to examine the special needs of addiction, treatment and recovery among American women.”¹

The Wellmore Women and Children’s Program (WCP) answered that call and has been operating in the local Waterbury community for over twenty years. Through many iterations, WCP has arrived at a special place that fosters safety, warmth and respect that is gender-responsive and trauma informed. This program follows the goals and tenets set forth by leading experts in the field, to ensure that clients’ treatment includes the most current, evidence-based research outcomes. Organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Council on Behavioral Health advocate for focus, care and treatment for women in recovery.

“We owe much to our modern pioneers, Jean Kirkpatrick, Marian Sandmaier, Edith Gomberg, Sharon Wilsnack, LeClaire Bissell, Sheila Blume, Linda Beckman, Charlotte Davis Kasl, and Stephanie Covington, to name just a few, who have tried to push these findings from the laboratory to the community. They have widened the doorways of recovery by helping create intervention and recovery models designed for women.”¹

“According to several studies, among women, a trauma history is significantly associated with the initiation of substance use and development of an SUD.”²

“Women are more likely than men to have multiple comorbidity, which is three or more psychiatric diagnoses in addition to an SUD.”³

1 White, W. (2002) Women, addiction, and recovery: A historical review. *Counselor*, 3(4), 52-54. Retrieved on April 6, 2018. <http://www.williamwhitepapers.com/pr/2002WomenAddictionandRecovery.pdf>

2 Substance Abuse and Mental Health Services Administration. (2009). Substance abuse treatment: Addressing the specific needs of women, Treatment Improvement Protocol, TIP 51. (HHS Publication No. SMA 15-4426). Rockville, MD: Author.

3 Zilberman, M. L., Tavares, H., Andrade, A. G., & el-Guebaly, N. (2003). The impact of an outpatient program for women with substance use-related disorders on retention. *Substance Use and Misuse*.

What's Childhood Trauma and Why Does it Matter?

In today's world, one can seldom sit through the evening news without hearing mention of the phrase 'childhood trauma' in relation to some event of the day. For many, the extremes of 9/11, Columbine and Sandy Hook immediately jump to mind. But what exactly is childhood trauma? From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and/or physical well-being. Emerging and growing bodies of research show that in community samples, more than two thirds of children report experiencing

a traumatic event before the age of 16. Although many of us experience reactions to stress from time to time and certainly feel 'stressed out', when a child is experiencing Child Traumatic Stress, these reactions interfere with their daily life and ability to function and interact with others. Examples of traumatic childhood stressors include witnessing violence, death or loss of a caregiver; illness of a family member or involvement in a severe accident, to name a few. Sometimes the child's reaction to such stress is so severe that the child is diagnosed with a *Post-Traumatic Stress Disorder* (PTSD).

*Children who suffer from Child Traumatic Stress are those who have been exposed to one or more traumatic experiences over the course of their lives and develop reactions that persist and affect their daily lives, even **after** the traumatic events have ended. Traumatic reactions can include a variety of responses:*

- Intense and ongoing emotional upset
- Depressive symptoms, anxiety, behavioral changes
- Difficulties with attention, academic difficulties
- Nightmares
- And, physical symptoms such as trouble sleeping and eating, and aches and pains

What are the Affects and Prevalence of Childhood Traumatic Stress?

The National Child Traumatic Stress Network cites that 78% of children who have been exposed to traumatic experiences actually experience more than one trauma type (known as *multiple or complex trauma*) during their lifetime and that the initial exposure on average occurred prior to age 5. A growing body of scientific data dating back to a 1998 study from the *Center of Disease Control and Prevention* and *Kaiser Permanente* shows *Child Traumatic Stress* is common and indeed an issue of critical importance.

This study of more than 17,000 middle-class Americans documented that experiencing *Adverse Childhood Experiences (ACEs)* can significantly and negatively impact physical and mental health outcomes for the rest of your life (ACEs include childhood emotional, physical or sexual abuse; household violence, substance abuse, divorce or separation, mental illness; and physical or emotional neglect in the first 18 years of life). And, the higher the number of ACEs you experience as a child, the greater the subsequent risk of poor health outcomes in adulthood. Persons who had experienced 4 or more categories of childhood exposure, compared to those who had experienced none, had:

- 4 to 12 times increased risk for alcoholism, drug abuse, depression, and suicide attempts.
- 2 to 4 times increase in smoking and poor self-rated health.

- 1.4 to 1.6 times increased risk of the presence of adult onset diseases including heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

The ACEs study clearly displayed a long-term relationship between adverse childhood experiences and important medical and public health problems faced in our community today.

So, how are these things connected?

This research has now led us to understand that unhealthy, worrisome and sometimes dangerous activities such as smoking, alcohol or drug use, overeating, or sexual behaviors are often used as coping mechanisms to deal with the long-term impact of experiencing certain childhood experiences such as abuse, domestic violence, or other forms of family or household dysfunction. The impact of *Child Traumatic Stress* isn't simply outgrown, rather, it is carried with us for the rest of our lives and results in severe negative impacts if unaddressed.



What Wellmore Is Doing

With data this strong and clear, we have altered our practice by infusing a trauma-informed approach at all levels. We now screen all clients for trauma histories, utilize several specially designed, evidence-based best practice models, and even attend to the amount of trauma our staff is exposed to in their work with high risk circumstances.

Moving forward, our plan is to increase our attention on prevention opportunities which focus on early identification and rapid treatment of those experiencing childhood trauma, preventing the adoption of risky health behaviors in response to adverse experiences in childhood or adolescence, and developing comprehensive strategies to identify and intervene with children and families who are at risk for these adverse experiences and their related outcomes. We are building partnerships with family and pediatric providers, schools and community providers, as well as police and emergency personnel to more quickly identify those in need and help get them the care they need. Most importantly, we are doing our best to share this important knowledge of traumatic exposure and the effects it has on all those who interact with children. I hope you will join us in these endeavors!



Marcy Kane, Ph.D. is the Vice President of Child Services at Wellmore Behavioral Health. Over the last 11 years, she has been developing and overseeing programs at Wellmore that have helped thousands of children and their families recover from traumatic events. She leads a team of Wellmore professionals in assisting in the recovery efforts in Newtown following the school shooting at Sandy Hook Elementary School. She has supervised and trained dozens of staff in evidenced-based trauma recovery and treatment models during her time at Wellmore and has been able to offer assistance to colleagues, schools, and the larger community in supporting communities and families exposed to violence.

97%

of the children served in our mobile crisis program (EMPS – Emergency Mobile Psychiatric Service) were supported and maintained in a community setting and avoided out of home or hospital placements.

Felicia's Story

It all began in her childhood. Felicia* learned early on how much it meant to get the affection and approval of others, and after losing the two main role models in her life—first her father and then her grandfather—she felt an emptiness that was soon filled by addiction.

By her preteen years, Felicia found excitement in stealing, whether it be money or toys. And by her early teen years, she began experimenting with drugs. After quitting school and moving in with friends, Felicia sought out the company of others by taking and selling drugs. Eventually spending some time in a detention center, Felicia's life began to look up. She returned to school, finishing her freshman and sophomore terms in one year, and moved to a new town with her sister and grandmother. All too soon, however, she found that she could more easily fit in with her peers by returning to drug use.

Never wanting to be alone, Felicia began to use more dangerous substances in college with those around her—and during this time, her addiction began to severely affect her life. During her first few sentences in jail, she detoxed, found religion and eventually moved to a sober house. Always fearing loneliness, however, she continued to let people into her life who would pull her back into drug abuse.

Hitting true 'rock bottom' three times in her life, Felicia did a few more stints in jail and fiercely fought her addiction. She in time gave birth to her daughter, and recognized the need to get sober. She began Wellmore's 90-day Women and Children's Program and chose to stay for 7 months. Felicia's time at Wellmore inspired her, and she began the Methadone program to help her stay clean for three years. But one weekend away from her daughter, in the company of her friends and boyfriend, sent her back into relapse.

That's when the Department of Children and Families (DCF) learned about Felicia's return to drug abuse. They jumped in to ensure her daughter was safe and took custody. This helped Felicia realize the depth and gravity of her addiction. She returned to Wellmore and attended their outpatient program, beginning to take the necessary steps to get clean by filling her days with relapse prevention, group meetings and a job as a recovery aid for others fighting their own afflictions.

On April 26, 2016, Felicia was officially clean again. And one year later, she got custody of her daughter back. Felicia has recently reached her 2nd anniversary of sobriety. And even more inspiring—she is off of the Methadone program, which is an uncommon feat.

"Wellmore was a huge part of my success. I wasn't able to really stay clean until I was ready to, but even when I was ready, I would not have been able to do it without the help of Wellmore," said Felicia. "I sponsor women now, and for anybody that has a relapse, it's very hard to stop on your own. No matter how much you want to. It's just the emotions you go through, and your thought process is so skewed, that you need a safe place to go with people to talk to. And Wellmore was that for me."

Felicia still spends her days staying busy: loving her daughter, working at her job and continuing to attend regular group meetings for support. Her life has been a rollercoaster, but she can now confidently look forward to the future.



From Bubbly 8-Year-Old to Depressed: Trauma Steals Angelica's Joy

Angelica* is a 15-year-old Hispanic girl who lives with her mother, two brothers, and two sisters. She is entering the 10th grade at a local high school, is an active member of her church youth group, and enjoys watching and following several YouTube accounts popular among her peers. Her mother knew something was wrong, but it wasn't until Angelica's nightmares started that she sought help: "She went from such a bubbly kid to being sad and depressed...I was so worried!" Angelica's treatment with Wellmore began with an EMPS evaluation after reporting thoughts of self-harm to her mother and an interrupted attempt to drown herself in the family's bathtub. As a result of that evaluation, she was referred to Wellmore's outpatient services and began treatment for depression. Her clinician, Jeff, reported that Angelica's treatment seemed to be productive, but wasn't as effective as Angelica and her mother had hoped.

About two months into Angelica's treatment for depression, she revealed to Jeff that her father (who had moved out of the family's home a week prior to Angelica's EMPS evaluation) had been sexually assaulting her for several years, and that Angelica and her mother had gone to the police station the day before to report that terrible abuse. At that time, Angelica and her mother agreed to begin Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which Jeff hoped would be a more effective treatment, considering the fact of Angelica's continued experience of abuse. TF-CBT is a specialized form of treatment that keeps the trauma experienced by the client present. In other words, the goal of TF-CBT is not to ignore the "elephant in the room" (Angelica's trauma), but rather to pay attention to it, so that Angelica can learn to understand her emotional and physical reactions to it and develop skills to better cope with those reactions. Techniques like gradual exposure to talking

about the trauma are coupled with clinician guidance to allow Angelica to learn and cope with her reactions to reminders of her trauma.



Jeff reports that since beginning TF-CBT about a year ago, Angelica has become "vastly more communicative about her trauma, and in general. She is much more talkative and active in her treatment, and is relieved that she spoke up about the abuse that she was experiencing so as to end it for herself, and to prevent it from happening to her four younger siblings."

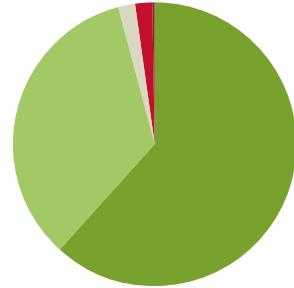
"We know that there is a lot more work to be done, but we are so happy to have Angelica talking and acting more like herself again," said her mother. Angelica, her mother, and Jeff are all hopeful that she will continue to build confidence, to notice and appreciate the positive aspects of herself as a person, and to be able to effectively communicate her thoughts and feelings.

**Indicates that names have been changed to protect confidentiality*

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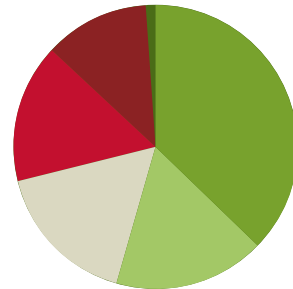
REVENUE

State and Federal Grants	61.8%	\$11,152,662
Fees	34.1%	\$6,159,055
Contributions	2.1%	\$383,533
Other Income	1.8%	\$329,043
Investment Income	0.2%	\$32,937
TOTAL		\$18,057,230



EXPENSE

In-Home Children Services	37.5%	\$6,693,265
Outpatient Services	17.1%	\$3,052,725
Residential	16.8%	\$3,002,583
General & Administrative	15.7%	\$2,798,650
School Based, Case Management & Housing	12.1%	\$2,160,790
Fundraising & Development	0.9%	\$154,196
TOTAL		\$17,862,209



88%

of the parents served in Child First reported significant improvements in their relationship with their children and increased confidence in their parenting ability.

100%

of the parents that served during FY 2017 in our MST-BSF (Multisystemic Therapy – Building Stronger Families Together) program stopped the use of substances as a result of the treatment.

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