National Center for Trauma-Informed Care

and Alternatives to Seclusion and Restraint (NCTIC)

**NCTIC Virtual Learning Network Invitation**

***Successful Implementation of Trauma-Informed Practices: Reducing Seclusion, Restraint, and other Forms of Aversive Interventions***

SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) is pleased to announce the opportunity to participate in the upcoming Virtual Learning Network (VLN): ***Successful Implementation of Trauma-Informed Practices: Reducing Seclusion, Restraint, and other Forms of Aversive Interventions.***

This class is offered to NCTIC Technical Assistance (TA) applicants interested in working with a cross-disciplinary group of up to five (5) organizations in a pilot hybrid of virtual learning and on-site TA, over an 18-month period of time. Each organization is encouraged to include up to four key staff members who will form an active virtual learning community and oversee implementation of TIP in their respective organizations. Key staff members include leadership, a trauma survivor/person receiving services, and clinical and administrative personnel.

This “working” classroom event consists of instructor-led virtual classroom presentations on the Adobe® Connect™ platform and interactive “work” sessions with a NCTIC coach; and on-site training on Trauma-Informed Practices (TIP) and development of an action plan. Course work and materials will help participants understand and act on the adage that collaborative partnerships begin when individuals reach out to peers and agencies with the intent of addressing the issues that lead to and sustain trauma-informed practices.

**Overview**

1. Participants interact with one another and the instructors via webcam, which creates an interactive and dynamic experience.
2. A series of six (6) webinars will cover SAMHSA’s principles of Trauma-Informed Practices

* Safety
* Trustworthiness and Transparency
* Peer Support
* Collaboration and Mutuality
* Empowerment, Voice, and Choice
* Cultural, Historical, and Gender Context

Each 90-minute webinar will include 30-40 minutes of presentation by a team of at least two national experts (including at least one trauma survivor), followed by a dialogue among participants.

1. Two-day on-site TA event with assigned facilitation team (including at least one trauma survivor), who will work closely with the team for the next 18 months. The site visit will include training, facility tour, meetings with key leadership, and assistance with development of an Action Plan describing goals, objectives, and activities in at least four of the six principles of TIP (as listed in #2 above).
2. Monthly teleconferences with assigned facilitation team and other VLN participants, focused on lessons learned, innovative practice in reducing seclusion, restraint and other forms of aversive interventions and implementation of trauma-informed principles.
3. Ongoing TA throughout the 18 months, which may include up to two on-site training/consultation events and multiple virtual TA events (teleconferences, emails, webinars).
4. Inclusion of performance measures (as defined by each organization) in the organization’s Action Plan and shared with the group/facilitators.

**Participation Criteria**

* + 1. Readiness for change. This might include:
       1. Level of leadership commitment
       2. Capacity to devote leadership and staff time (up to 4 members per organization)
    2. Demonstrated commitment to trauma survivor involvement
    3. Willingness to participate in all meetings using videoconferencing (includes virtual classrooms, consultation calls with assigned coach, and on-site training
    4. Willingness to develop an action plan focused on implementation of TIP principles
    5. Willingness to identify and report on performance measures/outcomes (at 6, 12, and 18 months)
    6. Willingness to serve as a mentor to other organizations (for future VLN’s)

**SCHEDULE**

The VLN will be conducted with the following schedule:

* Solicit and select applicants
* Introductory webinar/virtual classroom
* Monthly webcasts on TIP principles
* monthly virtual learning network dialogue meetings
* Conduct onsite TA events (through Sept. 2015)
* **TIP Virtual (or in-person) Summit (October 2015)**
* Reporting on performance measures (August 2014; February 2015; and August 2015)

**FACULTY**

**Joan Gillece, Ph.D.**Dr. Gillece has thirty years of experience working in the behavioral health field with seventeen dedicated to trauma and seven in prevention of seclusion and restraint. Working cross agencies, Dr. Gillece promotes the use of trauma informed care in multiple settings including mental health, substance abuse, adult and juvenile justice and homeless services.

Prior to joining the National Association of State Mental Health Program Directors (NASMHPD) seven years ago, Dr. Gillece served as Director of Special Populations for Maryland’s Mental Hygiene Administration where her responsibilities included all aspects of state mental health planning and delivery of services as well as development of collaboration across agencies serving individuals with psychiatric diagnosis. As project director for SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC), Dr. Gillece has championed the cause of full consumer integration and development of Culturally Competent programs. Utilizing survivors in all aspects of trauma work, Dr. Gillece has coordinated technical assistance, conference presentations, and consultations with experts in the field. Commitment to strength based support by implementing trauma informed values with the overreaching theme of recovery has been her focus.

**Raul Almazar RN, MA,**

Mr. Almazar has many years of experience as direct care provider, administrator, organizational and clinical consultant, trainer, and speaker. Prior to working as full-time consultant in 2009, he served as Deputy Director for the State of Illinois Division of Mental Health where he was charged to facilitate an organizational culture shift in all 10 State -operated facilities towards person-centered, trauma-informed, recovery-promoting, non-coercive treatment settings. He serves as faculty to the National Center for Trauma-Informed Care and Senior Consultant to SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC), He provides consultation, training and technical assistance to organizations in the areas of leadership, workforce development, consumer empowerment, organizational planning and changing organizational cultures to effect systems transformation towards development of non-coercive, trauma-informed treatments. He has expertise in working with youth and adult serving, institutional and community based, publicly and privately –funded programs across service systems.

**Brian Sims, M.D.**Brian R. Sims, M.D. is a Forensic Psychiatrist currently working in several positions. He is a Staff Psychiatrist with Correctional Mental Health Services, an organization serving the mental health needs of inmates in 60 Detention Centers in 10 states. He is currently the Senior Medical Advisor for the National Association of State Mental Health Program Directors based in Alexandria, Virginia. In these roles, he is responsible for the provision of care for more than 3000 inmates in need of mental health services, as well as a National and International Consultant on the Fundamentals of Trauma Informed Care, where he routinely provides lectures and trainings for Staff, consumers and Administration in the US, Guam, and recently Australia and New Zealand on the practice of Trauma - Informed Care; its applications, as well as the Neurobiology of Trauma. Before joining Correctional Mental Health Care Services, he was the Senior Director for Behavioral and Mental Health for a large Healthcare Management Company (Conmed Healthcare Management), where he was responsible for the development of core strategic planning for the Companies’ mental health provisions in 9 states. Prior to this, Dr. Sims had served with the State Mental Health System for 25 years, as well as private practice.

**Tonier Cain**Tonier Cain is a consumer advocate who has spoken nationally on trauma, incarceration, and recovery. She has served as a member of the Protection and Advocacy for Individuals with a Mental Illness (PAIMI) Council, a federally-required advisory body that reviews and guides work funded under the PAIMI grant and, in conjunction with the Board, sets and approves annual program priorities. She has also worked as a case manager and Director of Advocacy Services for a private non-profit in Annapolis, MD. Ms. Cain is featured in the documentary “*Behind Closed Doors: Trauma Survivors and the Psychiatric System.*” Ms. Cain is the team leader for SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC), which provides consultation, technical assistance, and training to revolutionize the way mental health and human services are organized, delivered and managed, while furthering the understanding of trauma-informed practices through education and outreach. Ms Cain is the subject of “*Healing Neen*,” a documentary based on her life as she moved through multiple systems of care.

**William Kellibrew, IV**Mr. Kellibrew is an international advocate for civil, human, women, children and victims’ rights. He is a sought after motivational speaker on trauma and recovery, trauma-informed care, poly-victimization, children’s exposure to violence and has extensive experience developing and directing civic engagement campaigns, work around public policy issues, and campus organizing. William has inspired and empowered many through his work, artistic talent, powerful presentations and is tied passionately and uniquely to his ‘calling’. At age 6, he was violently sexually assaulted by his mom’s neighbor and at age 10, he watched helplessly as his mother and twelve year old brother were [shot](http://williamkellibrewfoundation.roundtablelive.org/resources/Documents/3%20killed.pdf) in their living room by his mother’s estranged boyfriend. The killer took his own life, but not before he made William beg for his life at gun point. The next day, William witnessed his grandfather [shoot](http://williamkellibrewfoundation.roundtablelive.org/resources/Documents/slain%20woman.pdf) the next door neighbor. Witnessing two shootings in two days traumatized him for years and altered his view of the world.

Many who have had the opportunity to hear him speak and work with him closely, consider him a “miracle”. William was featured on the [Oprah Winfrey Show](http://www.washingtonpost.com/wp-dyn/content/article/2007/10/17/AR2007101702371.html) with Dr. William Cosby and Dr. Alvin Poussaint and has been heard in over 120 countries with an audience well over 45 million. However, the pathway to recovery hasn’t been without barriers. At age thirteen, William attempted suicide and was hospitalised more than nine times to grapple with his trauma and clinical depression. William’s road to recovery was rough and often turned to violence, drugs, alcohol and unhealthy relationships. In October 2011, during National Domestic Violence Awareness Month, William was recognized by the White House as a [‘Champion of Change’](http://www.whitehouse.gov/champions/working-to-end-domestic-violence/william-kellibrew-iv) working to end domestic violence and sexual assault and has blogged for the White House. William has toured with superstar recording artist and actor Bow Wow, Nick Cannon, Diggy Simmons, Mindless Behavior, OMG Girlz, Jacob Latimore, entertainment mogul Michael Mauldin and other celebrities, community activists and elected officials in an effort to engage young people across the country.

**Cathy Cave**Cathy has more than 25 years of experience as an administrator, facilitator and consultant specializing in cultural competence and disparities elimination, trauma informed services and supports, and leadership within child welfare, juvenile justice, disaster response, mental health, and substance abuse services. She is one of New York State’s early trauma champions, coordinating county collaboratives and the Mastering the Key Connection Statewide Trauma Conferences in the mid 1990’s. Currently Cathy provides technical assistance to SAMHSA’s National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC). She is the former Director for Cultural Competence for New York State Office of Mental Health. As a consultant, she utilizes her survivor, family, community and provider perspectives to facilitate organizational change to improve service quality at local, state and national levels.

**Beth Filson, CPS, M.F.A.**Beth Filson is co-author of Engaging Women Survivors in Peer Support : A Guidebook -- a product of the National Center for Trauma Informed Care (NCTIC) contracted by SAMHSA/CMHS through NASMHPD. She is a nationally recognized trainer and curriculum developer in trauma informed peer support and peer workforce development and certification since 2002 when she began her career as Project Manager of the Georgia Certified Peer Specialist Program. In 2005 Beth contributed to the national curriculum on peer-led disaster response as a direct result of her work in Louisiana following relief efforts after Hurricanes Katrina and Rita in the peer community. She also piloted a trauma-specific peer support initiative in Georgia and continues to provide training and technical assistance to the peer community there. Beth co-facilitates Intentional Peer Support with Shery Mead and has trained the peer workforce in a number of states with Appalachian Consulting Group. She dedicates her time to trauma-informed and trauma-specific peer support with special emphasis on using the trauma narrative in healing relationships and understanding and addressing Self-inflicted Violence. Beth has served on the steering team of NCTIC since 2008 and also provides technical support through the National Association of State Mental Health Program Directors (NASMHPD).

**Darby Penney, MLS**Darby Penney is a long-time activist in the human rights movement for people with psychiatric labels. Since 2006, she has worked as a Senior Research Associate at Advocates for Human Potential, Inc. She is currently lead materials developer for SAMHSA’s National Center on Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) and co-author of a 2012 NCTIC technical assistance document, Engaging Women in Trauma-Informed Peer Support: A Guidebook. She is a member of the evaluation team for the national evaluation of SAMHSA’s Jail Diversion/Trauma Recovery Grants- Priority to Veterans, was lead evaluator on SAMHSA’s Shared Decision Making project, and was a team member on the development of SAMHSA’s toolkit on Consumer-Operated Services.

Before coming to AHP, Darby was Director of Recipient Affairs at the New York State Office of Mental Health for nine years, where she was involved in policymaking, program development, and implementation and was responsible for bringing the perspectives of people with psychiatric histories into the policymaking process. Darby has published and given keynote presentations nationally and internationally. She is director of the Community Consortium, Inc., a peer-run non-profit group that promotes social inclusion and full citizenship for people with psychiatric histories. She was a founding member of the National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA) and served as the group’s president from 1995-98.

Darby is co-author with Peter Stastny of The Lives They Left Behind: Suitcases from a State Hospital Attic (Bellevue Literary Press, 2008). The book, a website (www.suitcaseexhibit.org) and a traveling exhibit of the same name, which has toured the country since 2006, are based on the discovery of 400 suitcases, boxes and trunks of personal items taken from patients when they were committed at Willard State Hospital near Seneca Lake, New York.

**Letter of Intent**

Please contact Barb Trader (btrader@tash.org) with your letter of interest to participate in the VLN. We can accommodate up to five organization teams, with up to four representatives with key leadership, clinical and/or administrative responsibilities, and at least one of whom should be a trauma survivor/service user.

Please include the following information:

* Assigned point of contact from your organization along with the names and titles of your team.
* A brief description of your organization.
* A stated agreement to participate in this process for 18 months, share progress and challenges with your VLN members. Please include a statement about your ability to meet the participation criteria noted above.
* Anything else you’d like to add about your organization’s efforts toward implementing trauma-informed care

***We look forward to working with you on this project to help agencies implement SAMHSA’s TIP principles and create sustainable change. .***