

Healing Community by Sharing Lived Experiences

GETTING STARTED. The Central Massachusetts Recovery Learning Community (CMRLC) was formed by individuals who have lived experience with mental health diagnoses, trauma or extreme emotional distress. CMRLC was founded in 2007, with funding from the State Department of Mental Health, to educate the community about the fundamental value of peer-to-peer support in healing, and to ensure that people – whether diagnosed or not – can access peer support.

CMRLC is based on the premise that interpersonal connections can spark innate resilience, and that the experience of wellbeing can arise out of suffering. Sharing personal experiences with trauma does not necessarily lead to emotional or physical crisis. In fact, it can create bonds of deep caring and resourcefulness. While the norm within the general public is more often to quietly deny traumatic experiences, doing so may discourages real wellness and make it difficult to build authentic relationships.

CMRLC leaders are working to build connections with police, health and mental health providers, social services, schools, the justice system, government agencies, civic organizations and the community. Basic to these conversations is the freedom to speak openly about past events. Understanding pathways to supporting each other and to healing from trauma is ultimately humanizing. CMRLC demonstrates to the community that no one needs to stand powerless in the face of pain or crisis.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a long-standing commitment to addressing the impact of trauma on individuals and communities. The **SAMHSA Spotlight Series** highlights different approaches to building trauma-informed, resilient communities. A setting is trauma-informed if the people in that setting *realize* the widespread prevalence of trauma, *recognize* the signs and symptoms, *respond* in an understanding and supportive manner, and *resist* doing further harm.

The goals of the **Spotlight** series are to:

1. Highlight innovative approaches to trauma-informed community change.
2. Provide information to other communities interested in becoming trauma-informed.



COUNTY POPULATION: 815,000

METROPOLITAN AREA: 750,000

CITY POPULATION: 175,000

FOUNDED: by the English in 1673, incorporated in 1722

After Boston, largest city in Massachusetts

Has 15 colleges and universities

Referred to as the “Heart of the Commonwealth”

Home to the oldest musical festival in the country and the largest art festival in the state

First national convention for women’s suffrage held in 1850

Home to the first U.S. public park

One of only a few cities to win the National Civic League’s “All-America City Award” five times



The Change Process

FOCUS ON COMMUNITY EDUCATION

CMRLC has been working to improve community understanding of mental health, trauma and peer support for almost a decade. One of the first lessons learned was that people have tremendous capacity to connect and support each other in suffering and healing. However, using solely the diagnostic language of mental health often distances people. Rather than building bridges, it creates a chasm between “us” and “them.” In contrast, the language and concepts of trauma, adversity and healing can help to connect people.

“Human suffering is part of everyday life — not an illness. When outsiders diagnose what is going on, they close off the choices we work so hard to open up.”

Vivian Nunez,
Latinos en Acción

In 2013, CMRLC partnered with the award-winning film company Digital Eyes Film to produce a documentary titled [“What Happened to You?”](#) The film includes an interview with Dr. Rob Anda from the [ACE study](#), and examines the impact of childhood trauma through the eyes of CMRLC members. It encourages free discussion about trauma, and aims to open the door for healing. In the past two years, CMRLC has shown the film and led discussions at large community events, in primary health care

settings, and in many other forums. These events create an open dialogue about trauma and mental health, and highlight the importance of personal narratives in healing relationships.

CMRLC has also partnered with a number of ethnic and cultural communities. The trauma lens can be particularly powerful in building bridges with people who don’t relate to the concept of “mental disorders.” Connecting with these communities has been a critical growth experience. CMRLC has learned how complex communities are, with many subcultures within one geographical area. They have seen how important it is to be multi-cultural and multi-lingual and to address historical trauma. And they have learned how people who are reacting to the micro-aggressions of racism can help reshape the mental health system.



Participants in leadership training

Spotlight on Implementation

LEADERSHIP. Every community member is a potential leader at CMRLC. Leadership development activities help people to identify and build on their own strengths, develop and practice skills, and take an active role in addressing internal and external community issues. People learn to talk about their experiences with trauma and mental health without overwhelming the listener with graphic detail and in a way that emphasizes self-empowerment. They learn skills of public speaking, advocacy, facilitation and peer support. And they get involved. CMRLC members join neighborhood councils, participate in community development activities, and get to know their legislators.



CMRLC leaders meet with Mayor Joseph Petty, a consistent CMRLC supporter.

PHYSICAL ENVIRONMENT. CMRLC seeks to create environments that are safe and facilitate recovery. They started by asking the basic question: “What does safety look like?” After numerous conversations, they designed a space that conveys openness and transparency while offering choice. There are both “open” spaces in which everyone can see and be seen and “closed” spaces for privacy. The specific layout is decided by those using a particular space at a given time, based on the needs of the moment. There are no “staff-only” spaces. People ask permission to enter once an activity has started, and bells on the doors alert people to the fact that someone has entered. Efforts are made to avoid loud noises, strong odors, harsh lighting, or other sensory stimuli that might be traumatic reminders. Signs are welcoming rather than controlling, and communication needs and access are part of day to day connection rather than a “special accommodation.”

TRAINING AND WORKFORCE DEVELOPMENT. CMRLC emphasizes training and supporting “allies” –those who walk in solidarity with people who have experienced discrimination. The foundation of ally training is understanding personal and cultural identities and forming trusting and safe relationships. Training includes how to be a supportive ally, speaking up in everyday interactions to combat discrimination, and resolving conflicts through distinguishing between intent and impact.

SAMHSA'S IMPLEMENTATION DOMAINS

SAMHSA has identified 10 domains that are essential to the implementation of trauma-informed approaches in both organizations and communities. Domains highlighted in this document are indicated by arrows. For further information, see [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

- ▶ **1. GOVERNANCE AND LEADERSHIP** communicate and support the vision of a trauma-informed community.
2. Policy is reshaped to be trauma-informed.
- ▶ **3. PHYSICAL ENVIRONMENT** promotes safety and resilience.
4. Engagement and Involvement of all citizens and organizations is encouraged; no group is excluded.
5. Cross sector collaboration is the norm.
6. Screening, assessment, and treatment are in place for identifying and responding to trauma.
- ▶ **7. TRAINING AND WORKFORCE DEVELOPMENT** are available for organizations and for the general public.
8. Monitoring and quality assurance processes are used uniformly to inform and improve services.
9. Financing mechanisms make trauma-informed programs and trauma specific services sustainable.
10. Evaluation data are collected from a variety of perspectives.

Worcester Highlights

- CMRLC works with police to ensure that interactions with the community are trauma sensitive and that peer support resources are routinely made available.
- *Latinos en Acción* is a statewide network designed by and for Latino community members working for mental health recovery and unity. CMRLC works with *Latinos en Acción* to build cultural awareness and to support the development of leadership and ally skills.
- CMRLC's *Parenting Journey* is a place for people who are addressing their trauma histories to reflect on how they were parented, re-write their own stories, reconnect with family members, and ensure that intergenerational trauma will not be repeated.
- CMRLC includes active outreach to young adults. Activities include a support group, a training program called *Finding the Leader in You*, and events on local college campuses.
- CMRLC leaders respond when people are being marginalized and are at high risk for additional layers of trauma, which often happens when seeking help. They work to humanize the connection between people who must use public services to survive and those who are paid to provide them.

MOST SIGNIFICANT CHANGE: Community members and mental health providers in Worcester County now recognize that mental health “symptoms” and behaviors are often responses to trauma. Personal narratives have become valued as an essential part of treatment.

COMMUNITY TO COMMUNITY SHARING. CMRLC was inspired by the ACE study, the affinity group and ally work of Dorrington and Saunders, and the Parenting Journey curriculum from the Family Center of Somerville. Groups inspired by them include the Worcester Police Department, group homes, hospitals, shelters, local legislators and the court.

FOR FURTHER INFORMATION:

CMRLC

<http://www.centralmassrlc.org/about.htm>

Transformation Center

<http://transformation-center.org/>

WRAP model

<http://mentalhealthrecovery.com/>

The Parenting Journey

<https://parentingjourney.org/facilitators/impact/>

What Happened to You?

<https://www.youtube.com/watch?v=EQhqkZSvKs8>

<https://youtu.be/dYIbAAQgP28>

<http://www.madinamerica.com/2014/10/call-crazy/>



The Kiva Center is CMRLC's physical location in Worcester. The logo is designed to represent wellness, self-determination and reciprocity. The Transformation Center is a Massachusetts network and technical assistance center.

