

# Academy Forum

*Continuing the Message of the Roper Victim Assistance Academy*

A Quarterly Newsletter

Issue #17 - January 2010

## Just a Thought

*One consequence many victims of crime struggle with is how to handle the emotional and psychological effects of their traumatization. Learn how one county has created a collaborative relationship between victim services and the mental health community.*

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## Web Links

*You never know what resources await you on the world-wide web ...come see what our latest surfing expedition uncovered*

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## Best Practices

*Learn more about Maryland's Pro Bono Counseling Project and the services it provides to help meet the mental health needs of crime victims all across the state of Maryland.*

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## Alumni Updates

*Always find yourself thinking, "I wonder what happened to..." Check out what your fellow Alumni are up to!*



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## Save the Date!

*Find out what trainings and events are just around the corner. It looks like it is shaping up to be a very busy fall!*

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## The 20/20

*Each newsletter get an inside look at one of the RVAAM peers - 20 questions, 20 unique answers*

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## Just a thought...

### *Mental Health and Victim Services: The Importance of Collaboration and Integration*

Victor Welzant, Psy.D & Sharon Lipford, LCSW-C, Harford County Crisis Negotiation Team

It is difficult to work with victims of crime without appreciating the tremendous resilience that can be used in service of coping with unwanted, traumatic events. "Survivor" literature has emphasized the importance of active coping and advocacy to enhance the resilience of survivors. The role of Victim Services programs in providing support, education, advocacy, resources, and crisis intervention is crucial to enhance coping and to facilitate recovery. Although many people impacted by traumatic events may have normal post-traumatic reactions, the support offered by Victim Services programs may pro-

vide the needed help to resolve these reactions in a more expedient manner and help to prevent long term difficulties in coping.

There is a natural recovery process for many trauma survivors that is enhanced by support, crisis intervention, and advocacy. For those more profoundly impacted by trauma, who have other risk factors (such as previous histories of trauma, physical injuries during the victimization, lack of family or social support, or a history of mental illness), or may be relying on unhealthy coping strategies (e.g., alcohol/drugs) should be referred for more intensive mental health services. It is well accepted that the experience of victimization carries a risk of a number of psychiatric conditions, including depression, post-traumatic stress disorder, acute stress disorder, substance use and abuse, and physical disorders impacted by traumatic stress. Similarly, the research has also found that individuals who have a previous history of mental health issues may be at greater risk for repeated victimization and relapse of their pre-existing psychiatric condition. The risk of these problems manifesting however can be minimized with the help of mental health professionals who provide trauma informed care.

A collaborative partnership between Victim Services and mental health providers in the

community can help to quickly address the survivor who needs more than crisis services can reasonably provide. It is well documented that earlier entry into mental health treatment can reduce the likelihood of trauma related conditions becoming chronic mental health problems. Victim Services personnel are in a

unique position to assess and recognize the needs of survivors for additional mental health resources, allowing for earlier entry into trauma informed mental health care. While not always needed by every survivor of crime, the need for mental health care can be assessed and referrals made rapidly. It is important for all service providers to keep in mind that delays in accessing



mental health care may complicate and prolong the process of adaptation and recovery. This partnering of Victim Services and community based mental health care may offer survivors the continuum of services that is most likely to facilitate recovery. In Harford County, the Harford County Mobile Crisis Program in partnership with the specially trained law enforcement officers (comprising the Crisis Intervention Team), routinely work collaboratively. This innovative partnership allows for rapid identification and quick referral into traditional community based mental health services when it becomes necessary.

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EDITOR'S CORNER

*Boy, the older I get the faster the years fly by! Can you believe it is 2010! Just think it is only six months until the next Academy class - how exciting is that!*

*In November we had a very productive Executive Board meeting and have some really big plans for the upcoming year. Some of the things being talked about are: criteria for certification, professional standards, multi-disciplinary themes, regional groups, town hall meetings, education and needs assessment, focus groups and more. It proves to be quite an exciting year for RVAAM and my hope is that you will all get on board!*

*This month's newsletter covers such an important topic - mental health. There is a lot of good information included so please feel free to forward the newsletter to your colleagues as well as use it for a tool to recruit participants for the next Academy class. We need to spread the word about RVAAM because it is so important for all of us in the field.*

*I wish you all a very happy and healthy New Year, and look forward to seeing you at upcoming events.*

Debbie Bradley, Editor

[bradleyd@harfordsheriff.org](mailto:bradleyd@harfordsheriff.org)

Web Links

*Although we have a virtual library at our fingertips every time we turn on the computer, we often lose sight of the forest through the trees just trying to navigate the world-wide web. Here are a few sites that relate to this issue's "Just a Thought" ... happy surfing!*

**National Alliance on Mental Illness [NAMI]** - This website provides easy to understand information about mental illnesses, mental health care, diagnosis, treatment and recovery. It also addresses the issue of how to overcome the stigma of having a mental illness. The site also provides information about programs available to the public. Check out the site at [www.NAMI.org](http://www.NAMI.org)

**Mental Health America** - MHA is the nation's largest and oldest community-based network dedicated to helping all Americans live mentally healthier lives. The website provides information about what advocacy and educational services it provides to families, as well as highlights what programs and services are available in the community. Take some time to explore their website at [www.nmha.org](http://www.nmha.org)

**Mental Health Association of Maryland [MHAM]** - The MHAM has been serving families since 1915 and has become a leader in advocacy and education in the mental health community. The website highlights the programs and services the organization provides for individuals and their families, who are struggling with mental health needs. For more information, go to their website at [www.mhamd.org](http://www.mhamd.org)

**Maryland Coalition of Families for Children's Mental Health**



The MD Coalition for Children's Mental Health assists families with children who have mental health needs and links them to programs and services within the community. The website is

also a wonderful educational and information resource for members of the general public who are interested in learning about how to become involved in mental health advocacy. For more information, go to their website at [www.mdcoalition.org](http://www.mdcoalition.org)

**The National Institutes of Health, National Institute of Mental Health** - This website is a valuable resource for accessing published findings on a wide variety of government-sponsored projects on mental health. The site also provides a synopsis of the various services available for individuals with mental health problems. For more information, go to [www.nimh.nih.gov](http://www.nimh.nih.gov)

**Maryland Psychiatric Society** - This website provides a search engine for individuals to learn more about different mental health illnesses, and provides up-to-date information about mental health related legislation. For more information, go to [www.mdpsych.org](http://www.mdpsych.org)

**Office for Victims of Crime - Mental Health Resources for Crime Victims** - The following web-link provides access to an array of informational resources, including research findings, educational materials, and strategies for program and policy development specific to mental health issues. Explore all of the resources OVC has compiled at <http://www.ojp.usdoj.gov/ovc/publications/infores/mh.htm>

**"Organizational Preparation and Response to Mass Violence and Terrorism and the Mental Health Role"** - Following a mass casualty criminal incident, emergency response priorities involve saving lives, protecting the safety of first responders, securing the crime scene, and initiating the investigation activities. The mental health response must not interfere with these priorities. Mental health providers often are unfamiliar with the unique demands associated with responding to criminal mass victimization. To read this article, go to <http://mentalhealth.samhsa.gov/publications/allpubs/sma-3959/chapter4.asp>

**The Justice Center - The Consensus Project** - The Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments Justice Center, is a national effort to help local, state, and federal policy-makers and criminal justice and mental health professionals improve the response to people with mental illnesses who come into contact with the criminal justice system.

The landmark Consensus Project Report highlights the unique needs of women with serious mental illness and their vulnerability to many forms of criminal victimization. Yet limited awareness about this issue and insufficient coordination across victim and mental health services frequently jeopardizes the mental health and safety of these women. Likewise, it is not uncommon for crime victims to be overlooked when the person who committed the crime has a mental illness and is transferred to the custody of a mental health system. As a result, these crime victims often feel uninformed, unable to participate, unprotected, and angry about the apparent lack of accountability. To read the report to go to [http://consensusproject.org/issue\\_areas/victims](http://consensusproject.org/issue_areas/victims)

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## Best Practices

### Pro Bono Counseling Project sets national example for mental health referral services to victims

Common expectations victim services providers have for victims of crime is that many will be both re-victimized and experience reoccurring trauma. Service providers face challenges ensuring victims receive the mental health care they need but also that the clinicians victims are referred to are certified and well trained in particular types of trauma. These challenges are further complicated when victims reside and work in areas that span from Garrett to Worcester county. Without available clinicians in all counties who provide counseling on a variety of areas some victims would be forgotten.

However, since the inception of the Pro Bono Counseling Project (PBCP) victims throughout the state of Maryland are finding free and convenient therapy at times when it is most needed. PBCP assures that uninsured or under-insured, low-income families and individuals in need of mental health care are linked with licensed mental health professionals who provide care on a volunteer basis at no cost.

"There is a consistent recruitment effort in every city throughout the state," said Executive Director of PBCP, Barbara Anderson. Ms. Anderson has been the executive director for 18 years, since the organization's founding. Currently PBCP has over 800 participating clinicians. Of the 400 active cases, 25-28 percent are victim cases. The clinicians volunteering their services specialize in many areas including, but not limited to, women's issues regarding sexual assault, domestic violence, trauma care and survivors of homicide. All the clinicians are active in Maryland as licensed clinicians and provide both copies of the license and liability coverage.

The mission of PBCP is to "assure that all Maryland residents requesting mental health care, regardless of income, are linked with volunteer licensed mental health professions and other necessary support services." This means that PBCP will find an available therapist for each victim that is within 20 miles from either their home, work, or another residence that is available.

Clients of the PBCP are the individuals and families most at risk of falling between the cracks because they are earning too much to qualify for state mental health benefits yet are unable to afford paying for counseling on their own. The financial eligibility guidelines

are from the Maryland Legal Services Corporation for *pro bono* attorney requirements. This allows PBCP to have clients take into account their living expenses as a Maryland resident as opposed to following national poverty guidelines.

The average client will receive about seven hours of therapy although it is important to note that there is no limitations on the amount of hours a client can receive and there is no waiting list when calling for services. While there are no limits on sessions it is important to know that PBCP does not serve clients for substance abuse treatment and does not provide court ordered counseling or assessments.

Examples of PBCP's services include a Spanish speaking counseling group in Takoma Park, MD, where therapists counsel families who have been involved in domestic disputes. In Largo, MD, there is a group counseling session held for survivors of homicide for parents of murdered children. The therapist serving this population has been holding services in conjunction with the United States' Attorney's Office for nearly 10 years now because the homicides involve those that occurred on federal land.

Ms. Anderson said the typical victim will receive about three sessions but may still come back again at a later time when triggered by similar events. The term used to describe the classic victim scenario is "hop scotching," an example is when a survivor of homicide may not speak to a clinician for a few months but then contacts their therapist before an anniversary or birthday of the deceased.

The link between victims and clinicians is very client centered and serves to try to empower victims to make choices about when they want services. "We want to find the right therapist that is a good match with each client's personality," said Ms. Anderson.

PBCP has two clinical staff members who are responsible for the initial intake interview with victims. As other victim service providers refer victims to PBCP, the victims are instructed to call PBCP directly so they can complete the 20 to 30 minute intake interview, which will enable the staff members to assess the most convenient location for therapy and determine the most appropriate therapist to provide counseling.

PBCP is open Monday through Friday, and victims are instructed to call either Sherry or Stacey at (410) 325-5800 or toll free at (877) 323-5800. More information is available on PBCP's website at <http://www.probonocounseling.org> Currently PBCP is in the process of working with nine other states to assist them in setting up

other pro bono counseling referral services. As the blueprint of these kinds of organizations, the Maryland PBCP is actively guiding other states in establishing efficient and effective services for crime victims. As Ms. Anderson noted, the goal is to treat trauma victims so they can begin to live a normal life again. "We need to get them back to their equilibrium by incorporating this horrible event that happened to them into their lives where they can continue to live normally."

\* Essay contributed by Bridgette Harwood



## Alumni Updates

*It seems like only yesterday when we were all together at the Academy. But in a blink of an eye another year has passed us by. Here's just a snapshot of some of the special events and milestones our alums have experienced since we last met...*

**Portia Cox (2004)** - Portia recently retired from her position at the Prince George's County Police Department. She plans to move to Pennsylvania to be closer to her daughter. Congratulations and a big thank-you for all your years of service to Maryland citizens and the field of victim services. We wish you the best of luck in the next chapter of your life!

**Jennifer Goode (2005)** - Jennifer and her husband welcomed their second child, a baby boy named Tyler, in November. Baby, big brother, and parents are doing great. Congratulations Jen, we can't wait to meet him!

**Tina Shankle (2005)** - Tina celebrated her birthday on December 16h - we hope your day was special and we wish you all the best in 2010!

## News From the Field

*Everyone knows that the field of victims services is always evolving. The challenge is to find a way to keep on top of all the changes ... we're here to help! Here's an overview of just some of the most recent legislative changes:*

### Maryland Receives \$9 Million Mental Health Grant

On October 29, 2009, Governor Martin O'Malley announced that Maryland has been awarded a six year, \$9 million grant from the federal Substance Abuse and Mental Health Services Administration [SAMHSA] to expand programs to meet children's mental health needs on the state's Eastern Shore. This is a companion grant to an \$8.5 million SAMSHA award received last year to improve mental health outcomes for foster care youth in Baltimore City. Grant funds will be used to expand and support 'wraparound' services that provide a comprehensive array of home and community-based services to maximize the strengths of families, natural support systems, and community resources.

### Maryland Receives \$1.45 Million for Crime Victims

On April 14, 2009, U.S. Senator Barbara A. Mikulski (D-MD), Chairwoman of the Commerce, Justice, Science (CJS) Appropriations Sub-committee, announced the award of \$1.45 million for crime victims assistance and compensation funding in Maryland. Senator Mikulski included this funding for the U.S. Department of Justice's Office for Victims of Crime in the CJS portion of the American Reinvestment and Recovery Act (ARRA). The funds can be used to pay for medical care, mental health counseling, and lost wages. Many national, state, and local non-profit organizations that benefit victims of crimes have reported declines in total revenue and individual contributions as well as increases in expenses and staff layoffs. Meanwhile, demand for social "safety net" services provided by these organizations has skyrocketed. Maryland will receive this funding through the U.S. Department of Justice, Office of Victims of Crime. For more information about the funds, go to <http://www.ovc.gov/fund/recoverycvfa2009.html>



## Save the Date

### 7th Annual Roper Victim Assistance Academy

June 7th-11th, 2010, Pearlstone Conference Center, Reisterstown, Maryland. For more information, please contact Dr. Debra Stanley at [dstanley@ubalt.edu](mailto:dstanley@ubalt.edu)

## Web Links (continued)

### Keeping Maryland's Crime Victims

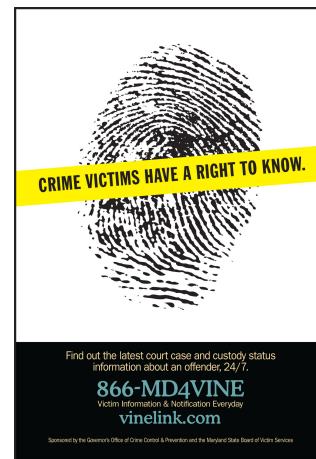
**Informed with VINE** - In the aftermath of a crime, victims and their loved ones need access to critical offender information. The Governor's Office of Crime Control and Prevention [GOCCP] and the Maryland Board of Victim Services fulfill this need with VINE, Victim Information and Notification Everyday. This free and confidential service allows crime victims and other concerned citizens to track the custody statuses of offenders held in city, county, and state detention facilities. Citizens can also register to be automatically notified by phone or email about District and Circuit criminal court hearings or about a particular inmate's release, transfer, or escape.

2010 marks the 10th anniversary of VINE's launch in Maryland. Kristen Mahoney, Executive Director of GOCCP says this is an ideal time to remind crime victims about the availability of this important safety tool. Law enforcement officers, advocates, prosecutors, and victims across the country praise VINE for its support in upholding victims' core rights to be informed, present, and heard. It also saves taxpayers money by eliminating the need to manually notify victims about offenders movements through the justice system, thereby allowing staff to focus on their core responsibilities. Anne Litekey, State Victim Services Coordinator notes, "VINE is a critical service for victims who have an offender in custody. Knowing the offender's whereabouts gives a victim peace of mind and the sense of empowerment they may have lost in the aftermath of crime."

Users can call 1-866-MD4-VINE (1-866-634-8463) or log onto

[www.vinelink.com](http://www.vinelink.com) and choose Maryland from the map displayed. By entering the offender's name or identification number, users can obtain the offender's location and register for notifications. Operators are available 24/7 to assist callers in both English and Spanish. The hearing impaired can access VINE by TTY at 1-866-847-1298.

Since its launch in November 2000, the system has managed more than 870,000 inbound and outbound calls and delivered approximately 217,000 notification. By January 2010, the Maryland Division of Probation and Parole will be linked into the VINE system, providing information and notification on



offenders who are on probation or parole. In addition, a similar offering will allow petitioners for protective orders to track the status of the order by phone or online and register to be notified when

the order has been served, when it is about to expire, and other important information.

### Bridging the Systems to Empower Victims: Mental Health and Victim Services Training Guide (May 2000 reprint)

- This OVC resource manual is comprised of two parts. The manuals were originally printed in 1996 under the title "Victim Empowerment: Bridging the Systems - Mental Health and Victim Services Providers (NCJ 161862). The instructor manual (NCJ 179217) contains curricula on victim empowerment (with special attention to rape victims) and articles and information written from either a mental health or a victim services perspective. The student resource manual (NCJ 163173) presents workshop materials and training tips for a two-day training program designed to foster cooperation and collaboration between victim service and mental health providers. To download either manual, go to <http://www.ojp.usdoj.gov/ovc/publications/infores/mh.htm>

# The 20 / 20

*Each newsletter we pose twenty questions to one of our members to get an inside look at who they are ... this month get to know Julie Croker, a graduate of the 2008 Academy*

**If I could go anywhere in the world, it would be ...** Africa

Parks, Eleanor Roosevelt, and Wilma Rudolf

**My childhood nickname was ...** Jib

**Best advice I ever got was ...** It's okay to fail but it's what you do with that failure that counts

**My favorite indulgence is ...** milk chocolate with orange fruit filling

**The occupation other than the one I am currently in that I would want is ...** Search and Rescue

**The last book I read was ...** The Professor and the Madman

**The occupation I certainly would not like to have is ...** a Dentist

**If I could invite any three people (alive or deceased) to dinner, it would be ...** Rosa

**My motto or favorite saying is ...**

I am the master of my fate, I am the captain of my soul

**My least favorite thing to do is ...** rake leaves

**If I could learn any language, it would be ...** Arabic

**My fondest memory is ...** giving a newborn kitten CPR

**My wildest dream is ...** to climb Mount Everest

**I can't stand ...** laziness

**If I had to choose an animal that best symbolizes my personality, it would be ...** a dolphin

**My greatest accomplishment (so far) has been ...** making a difference in people's lives

**My favorite time of day is ...** dawn and dusk

**My favorite retreat is ...** the beach

**What I appreciate most is ...** my friends and family

**One of my goals for 2010 is...** take time for me

## A Huge Welcome to the Two New Co-Chairs of the RVAAM Alumni Association!

At the November RVAAM Alumni Association Executive Board Meeting, the board members voted to reorganize the position of President and Vice-President into two Co-chairs. Please extend your congratulations and thanks to Linda Fair and William Griffin for accepting to take on these very important positions!

## Just a Thought (Cont.)

It is a logical progression to continue to explore creative ways to collaborate with other professionals in our field to seek out ways in which we can provide the best services possible to those whose lives have been impacted by victimization. Each of us have much to offer, and each of us equally have much to learn from our peers. And together, we have the opportunity to enhance the care of all of those we serve.

Watch for the next edition of the Academy Forum in April 2010

## Alumni Directory

The 2009 Alumni Directory, which includes the addition of the most recent Academy class members, is in the process of being completed and will soon be available for distribution. However, we still would like your help to keep the Alumni Directory up to date! If any of your personal and/or professional information changes, please contact Debbie Bradley via email at [bradleyd@harfordsheriff.org](mailto:bradleyd@harfordsheriff.org) or by phone at (410) 836-5490.

## Editorial Board

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