



## **Trauma Recovery Center (TRC)**

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### **Nature of Setting and Population Served**

The Harbor-UCLA Trauma Recovery Center (Safe-Harbor TRC) provides integrated services to children/adolescents and adults who are survivors of interpersonal trauma, including sexual assault, domestic violence, physical assault, refugee/immigrant trauma and torture, human trafficking and gang related trauma as well as to family members of those affected by trauma. We are an inclusive program that aims to serve all levels of diversity including but not limited to ethnicity, race, SES, housing status, immigration status, physical and psychological functioning (e.g. chronic mental illness), gender identity and sexual orientation. These trauma survivors also include minors who have had contact with the juvenile dependency or justice system, and have experienced severe trauma-related symptoms or complex psychological issues. The Safe Harbor TRC facilitates the centralization and coordination of services for the many survivors of crime who already receive care through Harbor-UCLA's emergency department, inpatient services, and outpatient clinics. This coordination allows for a holistic approach to care, leveraging the expertise and infrastructure of established organizations to provide a continuum of care for survivors of crime and their families that begins in the healthcare setting and follows the patient back into the community to assist with recovery from long-term physical, mental, and emotional sequela associated with trauma. Safe Harbor TRC provides culturally sensitive mental health services including clinical assessment, individual and group psychotherapy, assertive outreach, crisis intervention, clinical case management, support groups, community education and outreach, and psychiatric medication assessment and management.

**The TRC Model:** In our model, we provide assertive case management and therapeutic interventions to trauma survivors. In some cases, the sequelae of trauma and other barriers to accessing mental health treatment has resulted in underutilization of services. We begin with assertive outreach and engagement for all referrals whether hospital or community based. As we address psychosocial needs in a myriad of life domains, we may also provide assertive case management including home visits and community outreach as needed in order to engage clients into services and establish rapport. Services then can extend to individual and group evidence based psychotherapy. We believe this health equity model will increase utilization of mental health services for survivors, reduce stigma and psychological distress, and promote recovery and healing. In addition we provide outreach, education and linkage to community partners such as the Los Angeles County Sheriff

Department, legal aid organizations, Mental Health court programs, National Alliance for Mental Illness, programs designed for re-integration from jail into the community, gang diversion, human-trafficking, asylum applications and immigration related services.

### **Direct/Indirect Services**

Externs will have the opportunity to advance skills in providing mental health care to survivors of crime and trauma, including evidence-based psychotherapy, case management, assertive outreach (bedside consultation and liaison), and community advocacy within a multidisciplinary team. They will provide empirically supported formal and modified treatment protocols that may include Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavior Therapy, Trauma-Informed Cognitive Behavior Therapy and other cognitive based therapies for trauma. Externs will have the opportunity to co-facilitate psychotherapy groups, including Seeking Safety, DBT extended track for consumers diagnosed with Borderline Personality Disorder and co-morbid disorders, and DBT friends and family program. Externs will administer psychodiagnostic assessment batteries that address both the psychological and psychosocial needs of a consumer as it may relate to trauma and psychological concerns. As the program evolves, externs may partake in ongoing program development and research as well as evidence based training and dissemination efforts to other organizations.

### **Supervision**

Supervision is provided by two licensed clinical psychologists and one postdoctoral psychologist trainee. Required courses include DBT team consultation, evidence based therapies for trauma series, advances in CBT class, and CBT seminar.

### **Training**

There are weekly teaching conferences and seminars. A year-long Advances in CBT (Mondays, 10:30-12:00), a year-long CBT seminar (Thursday, 9:00-10:00), and a year-long DBT Consultation team meetings (Mondays 1:30-3:00) are offered. In addition, the extern will be provided with a three-day required training in DBT, and a two day required training in Prolonged Exposure for PTSD at the beginning of the year and a year-long weekly didactic training in Advances in CBT. Opportunities for other seminars and courses are available as well as commencing certifications in evidence-based modalities.

### **Preferred/Required Days**

Externs are required to be on site a minimum of 18 hours a week for the duration of the year. Required days are Mondays (8:00-5:30) and Thursdays (8:00am – 5:30). Attendance is required at the CBT Core Course (Mondays, 10:30-12:00), the DBT Case Consultation Team meeting (Mondays, 1:30-3:00), and the CBT seminar (Thursdays 9:00-10:00).