



Trauma Recovery Center and AMI/ABLE-FSP

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Externs in this track will be providing services in two rotations: Safe Harbor Trauma Recovery Center and AMI/ABLE-FSP

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 than 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

AMI/ABLE-FSP (Alliance on Mental Illness, a Better Life Endeavor – Full Service Partnership Program) was created as the result of a partnership between the Los Angeles County Department of Mental Health, the Department of Psychiatry at Harbor-UCLA, and the South Bay Chapter of the National Alliance on Mental Illness, which is a “grassroots” advocacy and support organization run primarily by family members of persons with severe mental illnesses. As the first of only two ISAs directly operated by the LACDMH, AMI/ABLE has been an innovative leader in providing services in a psychosocial rehabilitation model to members diagnosed with severe and persistent mental illness who are high utilizers of psychiatric emergency and inpatient services. A primary feature of FSP is that a multidisciplinary treatment team serves as the single fixed point of responsibility for enrolled clients or program “members.” This means that, to the extent possible, the FSP team retains primary clinical responsibility across time (24 hours per day, 365 days a year) and settings (inpatient, outpatient, and psychiatric emergencies). The fixed point of responsibility also extends across virtually all domains of a program participant’s life. Thus, the team attends not only to psychiatric symptoms, but also to helping members meet their needs in physical health, dental care, co-morbid substance abuse, housing, finances, education, work, social relationships, recreational activity, legal, and transportation. This approach to service provision enhances continuity of care and helps insure that clinical decision-making always has the benefit of relatively complete and up-to-date information about the service recipient.

Direct/Indirect Services

Externs will be providing 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 in the context of psychosocial rehabilitation and Trauma Recovery team for 5-6 clients. Externs will have the opportunity to advance skills in providing mental health care to chronically mentally ill adults and survivors of crime and trauma, including, psychotherapy, case management, assertive outreach (bedside consultation and liaison), and community advocacy within a multidisciplinary team. Externs will co-facilitate a number of groups offered at AMI/ABLE/TRC, including Seeking Safety, Cultivating Well-Being, CBT format Healthy Living, DBT extended track for consumers diagnosed with Borderline Personality Disorder and co-morbid disorders, and DBT Friends and Family program. In addition, Externs will participate in the DBT consultation team meetings and the CBT seminar. Externs may also administer psychodiagnostic assessment batteries that address both the psychological and psychosocial needs of a consumer as it may relate to trauma and psychological concerns. Externs may also partake in ongoing program development and research as well as evidence-based training and dissemination efforts to other organizations.

Supervision

Supervision is provided by a licensed clinical psychologist and postdoctoral fellows.

Training

There are weekly teaching conferences and seminars. A year-long Advances in CBT (Mondays, 10:30-12:00), a year-long CBT seminar (Thursdays, 9:00-10:00), and a year-long DBT Consultation team meetings (Mondays 1:30-3:00). 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 20 hours a week for the duration of the year. Required days are Mondays and Thursdays (8:00am – 5:30pm). Friday is also preferred for additional hours as needed to add up to 20 hours per week. Attendance is required at the CBT Core Course (Mondays, 10:30am-12:00pm), the DBT Case Consultation Team meeting (Mondays, 1:30- 3:00pm), and the CBT seminar (Thursdays 9:00-10:00am)