Leading the Way
in Evidence-Based Practice

THE BRIDGE OF CENTRAL MASSACHUSETTS

2012 Annual Report
THE BRIDGE OF CENTRAL MASSACHUSETTS
A Message from Charlie O’Neill

Every summer my wife and I packed our car to the gills and trekked the kids over the long drive to our family cottage on PEI, Canada, for two weeks of vacation. It was always a time of beaches, barbeques, talking with old friends, and the often repetition of numerous family traditions - events that blended the years into decades of special memories. One annual tradition was to take the kids into the barn and measure how much they had grown over the year. We would stand them up against the post, mark their height and then label the mark with their name. Their many cousins would do the same. Early labels had adult handwriting – giving over to awkward scratches of children needing to show their growing independence by labeling their own.

I was looking at that post this summer and realized that over the years this post became the visible measurement of our progress, as individuals and as a family. The measurements were tangible in inches, but also reflected the subtleties of growth that occurred between each mark on the post.

The Bridge of Central Massachusetts has long been an industry leader in measurement – monitoring, marking, and documenting the growth that happens to the people under our care. Evidence-Based Practices may be the official label of how The Bridge tracks such growth, but there is so much more that happens between the measurements. I continue to be amazed at the underlying commitment and belief held by each staff member of The Bridge, that each individual that we serve has the ability to advance, to progress, to take more joy and satisfaction from life, and to contribute back.

This industry of caring for those with mental challenges has grown and matured over the years. No longer relegated to sterile institutional rooms with zero concept of progress and growth, our clients now participate in planning, executing and achieving true measureable accomplishments, ever advancing towards what was never thought possible just a few years ago.

This leadership vision by The Bridge is to be much admired, and it deserves your continued support. I remain so grateful to the many people, businesses, and service providers who empower the work of The Bridge with their continued generosity. The groundbreaking progress that The Bridge has made with Evidence-Based Practices is a testimony to a unique agency, and to you, the people who support it.

Just like a post in a barn that shows the growth progress of a child, EBP is a hallmark of growth for The Bridge as an agency, and for the industry as a whole.

Congratulations for 30 years of leadership and support to thousands of individuals and staff at The Bridge

Stephen Murphy
Director of Business Development

Donna Bradley
Director of Human Resources

Dave Mayo
Clinical Family Services Coordinator

Progress lies not in enhancing what is, but in advancing toward what will be.

Khalil Gibran
“In 1999 I heard Marsha Linehan, the founder of DBT (Dialectical Behavior Therapy), speak at a conference. She made a startling disclosure to the group. She said she had been self-destructive as an adolescent, but even then was determined to get past it. “I decided I am going to get out of this hell, and when I do, I will come back and get everyone else,” she said.

I found these words chilling and inspiring.

At the time, DBT was known as a treatment for women with borderline personality disorder. But at the conference Dr. Linehan shared that DBT was now being used in much broader applications with all kinds of people who suffered from what she called, ‘pervasive emotion dysregulation.’

Hearing this, a light bulb went off for me. I thought, this describes almost 50% of the individuals that the Bridge serves. I came back to the Bridge convinced that we should implement DBT.

And we did. The first to be trained was a group of clinicians, managers and me. We came back from the intensive training and implemented DBT first with transition age youth, then with adolescents with mental health challenges, and then adults with developmental disorders.

It proved so successful that one of our chief funding agencies, the Mass. Department of Mental Health (DMH), suggested that we implement another evidence-based practice called Illness Management and Recovery (IMR). IMR was designed for a different population than DBT – those with major mental health challenges such as psychosis.

This lead to our being trained in IMR by Kim Mueser, Ph.D., Executive Director of the Center for Psychiatric Rehabilitation at Boston University. He developed IMR and has since gone on to become a special mentor and friend for The Bridge.

Over time we found that these Evidence-Based Practices led to better outcomes for our clients, especially when implemented according to protocol. This became a core value for us – not just implementing the models, but implementing them according to protocol.

Since 2000, we have added more Evidence-Based Practices and Best Practice models including Wraparound, Supported Employment, Assertive Community Treatment (ACT) and Question, Persuade and Refer (QPR) – a suicide prevention model. Most recently, we added Cognitive Restructuring for Posttraumatic Stress Disorder (CR for PTSD).

Emphasizing EBPs are now a central part of our agency culture. In the future we expect to implement additional models such as Supported Education, QPR Triage, and Collaborative Assessment and Management of Suicidality, among others.

Why has this become so closely associated with our identity? Because we believe that clients and family members deserve the best possible treatments. And staff deserve the most current and effective tools for working with clients.

As a practicing mental health clinician who still works with clients, I am excited to be part of the Evidence-Based Practice effort here. Although I had a role in implementing DBT at the Bridge, agency initiatives around Evidence-Based Practices now are sponsored by diverse leaders and clinicians throughout the agency.

It is such an ingrained part of our culture that the Board recently approved a Strategic Positioning Statement for the agency that includes specific goals for adding new Evidence-Based treatments.

These practice models are cost-effective, time-limited, very focused and collaborative between clients and staff members. Clients work in partnership with staff who act as coaches not experts or supervisors.

Evidence-Based Practices have changed the agency and are changing lives. And don’t just rely on my opinion. Ask the individuals we are serving. Their testimonials are the real reward.”
Dialectical Behavior Therapy

DBT combines Cognitive-Behavioral Therapy with a philosophy of mindfulness, acceptance, skill building and validation. Using individual therapy, group skills training and coaching techniques, DBT becomes a way of life for individuals who seek to manage their emotions and behaviors.

What is DBT?

Nancy: “You think of different things in a different way, like everything” “Emotional Distress”
“Different ways to soothe yourself. We all have self-soothe baskets with squeeze balls, pictures, lotion, soft things to put against your face, everyone’s is different.”

Jessica: “I have angora.”

Michelle: “We do DBT to escape stress. We put it on ourselves. I look inward, instead of outward.”

How does DBT help you?

Susie: “I really like it because it helps me. When I was just in the hospital, I thought of it a lot. I missed being in DBT group. I enjoy Elizabeth as a DBT therapist.”

Michelle: “I love nature and the sun.”

What is your favorite DBT skill?

Jess: “Distract with my computer”

Nancy: “Distract with my Kindle, I love my Kindle to read books and check the internet.”

Susie: “Distract by playing games and mindful breathing”

Elizabeth: “I have to imagine that being in wheelchairs, you all face a lot every day. I know you all use so many of the skills every day, especially radical acceptance.”

Michelle: “I don’t think about being in a wheelchair. I work 5 days a week in the community at GAAMHA and Crystal House. When I am under stress I use DBT. When I’m at work, I try to teach the skills to others. I tell them to “Breathe.” I also just celebrated 9 years of sobriety.”

Nancy: “I work at GAAMHA too; I also go to the library and to Wal-Mart by public transportation. I use self-soothe and arts and crafts projects as coping skills. I know a lot about DBT and help the staff. I also use my diary cards.”

Jess: “I love nature and the sun.”

Susie: “I volunteer in two places: a church in Templeton and a cat shelter. I use the DBT skills self-soothe and contributing the most.”

Elizabeth: “These ladies are very enthusiastic and committed to treatment. They are amazing people!”
By exploring a curriculum of eleven modules that cover a wide variety of topics, individuals and counselors work together to develop an individual’s personal strategies for managing psychiatric symptoms. IMR emphasizes the importance of developing personally meaningful goals that are chosen by the individual with a focus on enhancing quality of life as people move forward in the recovery process.

At the Bridge, we offer IMR primarily in a group setting, including this group at the Highland Avenue program in Fitchburg. In this format, both staff and individuals served participate in the group to learn and share from each other’s experiences.

“IMR is all about setting goals and problem solving ways to reach them. Both staff and individuals in the group set goals. It is an opportunity for everyone to talk about what is going well, and what is not going so well. Sometimes challenges come up that we did not foresee. IMR helps us all feel more motivated because people encourage each other especially during rough times.” (Brooke, IMR Clinician)

How would you describe the IMR Group that you participate in? What aspects are helpful? What could be improved?

“In our IMR group we talk about medications and we learn the effects of medicine.” (Desmond)

“We are given choices to help guide us in our treatment. We also learn about money, which helps me feel more independent.

IMR helps me learn how to best manage my medications. Without this knowledge I would be sitting in a corner somewhere with my arms folded not really paying attention to what is going on around me.” (Raymond)

“We get encouraged about taking on a role of being manager of our own issues. It can be intimidating, but it is not bad once you get into it.

We are encouraged to learn from others.” (Roland)

When asked if there is anything that could be improved within the group, the group fell silent. It was clear that they see the IMR group as a very helpful tool and they love the group just the way it is.

Would you suggest other individuals served to participate in IMR? Why?

“It was unanimous that they feel IMR is essential in their lives and that they would not be where they are today without the group. They all said that they would encourage others to use the IMR practice.

“IMR is a great educational tool. It helps you develop your skills and allows you to practice those skills.” (Raymond)

How does the treatment here compare to other treatment you have had in the past?

“People are not as likely to give up on helping themselves because through IMR they are learning how to manage their mental illness. This allows us to have a more active role in the community.

A big difference here is that it is not just about the individuals sharing their challenges and getting help from the staff, but the staff also shares their challenges and we get to help them. I have never had that anywhere else.” (Roland)
Wraparound Services for Children and Families (WRAP)

The WRAP program is a best practice that prioritizes serving the child in the larger context of his/her family system and supports the family to be full participants in the development of services. The program empowers children and families to identify their unique needs and program staff provide support and assistance needed to meet these goals.

From Kandace

“We adopted Paulina at age 10. Our family was very broken, we tried everything and felt we were at the end of our rope. We were not sure if anything could help.

I love the Ives House; it saved our lives. I don’t think my daughter would be at home now if it wasn’t for the program. Paulina was 17 when she arrived at Ives. She was really struggling and had been away from home in different Department of Children and Family placements. Paulina had both court and school issues.

In fact, she had had over 20 placements, including psychiatric hospitals, and of those Ives was the best. The treatment at Ives is very family-centered, it helped us as a family and stabilized Paulina. Ives staff were there to support us. My husband and I both work, we have a 15 year-old daughter, and we have our hands full. We had family therapy and the Ives staff were always there to support us. Most important, they listened to us.

In addition to the family services, Ives provides IMR which features a lot of goal setting. This really resonated with my daughter who enjoyed setting and meeting goals. One of the things she learned was to better manage her emotions and regulate herself. She even became a peer leader at the program to help other kids.

The training the staff had to deal with kids with fairly severe mental health issues made a huge difference. The staff are not only well trained, but also measure outcomes. The staff is amazing.

Leah, the program manager, came with me to every meeting with other agencies with me for support. We were encouraged to come to community meals. Paulina called home often. We were encouraged to work through issues so that all of us could heal. It gave us back our hope—you can’t do anything without hope.

Paulina has graduated from the program now, she is 18 and has transitioned very well into public high school. She is flourishing in school and we are very proud of her. I now teach a class at NAMI for parents of other kids.

I am the biggest fan.”

From another Ives parent

“These Wrap meetings at Ives are consistently outstanding. The staff are so very professional and authentic all of the time. The client is clearly improving, the family is involved, I don’t see how any part of the process could be improved! You and your staff should be very proud of yourselves. I am incredibly impressed by the quality of your work. If you ever need someone to publicly sing your praises, ask me! Thanks for this great experience.”

Supported Employment

Supported Employment is an evidence-based practice that assists individuals with persistent psychiatric symptoms to find and maintain meaningful employment. The central feature of this model is that it does not require the person to undergo a lengthy process of preparing for work. Instead, it helps individuals enter the world of work as quickly as possible. The program provides ongoing supports to the employee and employer to ensure occupational success.
## 2012 in Review

### FUNCTIONAL EXPENSES 2012

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### OPERATING REVENUES 2012

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<th>Source</th>
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<tr>
<td>Department of Mental Health</td>
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<td>Department of Developmental Disabilities</td>
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### OPERATING EXPENSES 2012

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<th>Expense</th>
<th>%</th>
<th>Amount</th>
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<tbody>
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<tr>
<td><strong>Total</strong></td>
<td>100.0%</td>
<td>$22,331,856</td>
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“Safe Homes means so much to me. It is the most worthwhile thing that I have ever had the honor of being a part of. It is the one thing that I look forward to every week. It does not matter who you are, you are accepted. You have a family. Without Safe Homes I would have no one to turn to, and no where to call home.”

Safe Homes youth

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### Services provided to 832 individuals and their families:

July 1, 2011- June 30, 2012

#### Types of Service Provided

- Adult Mental Health .................. 50.24%
- Transition Age Services .............. 6.37%
- Child & Adolescent Services .......... 3.37%
- Disabilities Services ................ 7.57%
- Safe Homes Services .................. 30.65%
- Homeless assistance .................. 1.80%

#### Ages Served

- 9 – 17 years old ......................... 5.66%
- 18 – 24 years old ....................... 17.58%
- 25 - 64 ................................ 70.64%
- 65+ ..................................... 6.12%

#### Individuals in Each Division

- Safe Homes ................................ 30.65%
- South County Mental Health ........... 18.15%
- North County Mental Health ........... 15.75%
- Worcester Adult Mental Health ........ 12.86%
- MetroSuburban MH ....................... 7.93%
- Developmental Disabilities .......... 7.57%
- Transition Age Services ............... 3.73%
- Child & Adolescent Services .......... 3.37%

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New Beginnings Residence
### SERVICES AND LOCATIONS

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<th>Service</th>
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<td>Child and Adolescent Residential and Special Education Services</td>
<td>• Worcester</td>
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<tr>
<td>Serving youth with mental health and behavioral challenges</td>
<td>• Westborough</td>
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<tr>
<td>Transition Age Residential, Supported Employment, Supported Living</td>
<td>• Worcester</td>
</tr>
<tr>
<td>Services, and Peer Achievement</td>
<td>• Marlborough</td>
</tr>
<tr>
<td>Serving young adults with serious mental illness</td>
<td>• Southbridge</td>
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<tr>
<td>Transition Age Residential, Supported Employment, Supported Living</td>
<td>• Northborough</td>
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<tr>
<td>Services, and Peer Achievement</td>
<td>• Gardner</td>
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<tr>
<td>Safe Homes Services</td>
<td>• Worcester County</td>
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<td>(GLBTQ)</td>
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<td>Residential Services for Young Adults with Developmental Disabilities</td>
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<td>Serving young adults with intellectual disabilities</td>
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<td>• Fitchburg</td>
<td>• Templeton</td>
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<td>• Gardner</td>
<td>• Webster</td>
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<tr>
<td>and DBT Services</td>
<td>• Marlborough</td>
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<td>Serving adults with intellectual disabilities</td>
<td>• Westborough</td>
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<td>• Worcester</td>
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<td>• Hudson</td>
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<td>Residential Services for Homeless Individuals and Families</td>
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### Our Mission

The Bridge strives to be the pre-eminent evidence-based and best practice human service provider. The agency works in full partnership with the individuals, families, and communities that it serves to achieve life-long learning, self-determination, meaningful relationships, productive work, and community living through psychosocial interventions and practices. The Bridge also provides leadership to the service community through consultation and training.

The Bridge operates more than 43 programs in 14 cities and towns.
Thank you to our friends and supporters that contributed to The Bridge from July 1, 2012- June 30, 2012

Donations of
$5000 or over
Greater Worcester Community Foundation Insurance Professionals of New England Jean Nichols Charitable Trust E. Rhodes and Leona B. Carpenter Foundation Richelle & Mark Kennedy

Donations of
$1000 to $4999

Donations of
$500 to $999


Donations up to $99

We have made every effort to be accurate, please let us know if we have made an error.
We are committed to providing Best Practices and Evidence-Based practices to everyone we serve.

“It helped me to become independent. They helped me to better manage my mental illness.”
Worcester Adult Mental Health

“I learned to speak up effectively.”
Worcester Intensive Supportive Housing

“I gained the ability to grow into employment and other things in a normal life.”
Southborough Apartment Program

“The staff are encouraging and supportive of all my efforts to help myself, such as recently quitting smoking and maintaining long-term sobriety.”
Southborough Apartment Program
“Through support offered by The Bridge each of my two sisters (living separately) is able to live in their own apartments. This independence is a source of great pride to each of them. The Bridge staff has been wonderful dealing with major health issues for my sisters.”

Family member, Developmental Disabilities Services

“Thanks to The Bridge on behalf of my late sister…I want to thank everyone involved with her care for the compassion and sincere care given to her. I visited often. I cannot praise The Bridge enough, a wonderful organization.”

Sister of a woman in her 90’s, Developmental Disabilities Services
In the next few weeks, Meghan, an individual living at the Northboro Community Residence, will be moving into her own apartment and hopefully getting a pet – goals she says were unthinkable just 10 months ago.

Meghan came to the NCR program with a history of multiple traumas in her life. She says she had entered the program at first as an escape from her living situation, which had become untenable. But she learned fairly quickly that treatments such as Dialectical Behavior Therapy (DBT) and Cognitive Restructuring for Posttraumatic Stress Disorder (CR for PTSD) could really change her life.

“I wanted to make my life better,” she says, “but I wasn’t sure how to do that.” Meghan says DBT and CR for PTSD made all the difference.

She credits learning DBT skills with changing her behaviors and helping her manage her stress better. But she says CR for PTSD is really what enabled her to accept her past and learn new ways of thinking about or framing situations to reduce anxiety and help her move forward.

“At first it was scary. Although I had been safe from self-harming behaviors for a while, as the CR sessions continued, more things from my past were emerging. Identifying what your traumas are can be intense at first. But I did like the fact that the therapy was emphasizing that I did not have to keep reliving those traumas over and over again,” she said.

A unique aspect of CR for PTSD is that individuals do not have to relive their trauma over and over as they do in other therapies based on repeated exposure. Instead, individuals identify the traumas but learn specific skills to help them reframe how they think and respond when flashbacks or emotions stemming from these traumas emerge.

What CR for PTSD did for Meghan is help her learn skills such as breathing retraining, and ways to reframe her thoughts so that she can live with the stress of her past and challenges of her day to day life.

“Anyone who has PTSD knows that it is not going to go away. The triggers don’t disappear. But CR for PTSD taught me practical ways to live with it so that I am able to move forward in my life,” says Meghan.

She gives the example of feeling terrified at the thought of close relationships, because of past traumatic relationships. But she points out that she has learned she already has successful relationships that serve as evidence she can form positive relationships with others. By reframing her thinking, and looking at the evidence to help her change negative thoughts, she is able to move ahead in a positive way.

To help others understand the thought process, she uses the example of eating at someone’s home. “Suppose they are serving overcooked pasta which you hate. Reactions to this in the past may have been to shut down, isolate yourself, get upset or get angry and behave inappropriately – all of which have negative consequences.” “Instead,” Meghan says, “CR skills help you reframe your thoughts based on the facts. You can eat a little of it, and then eat something else later.

You think about the fact that you have eaten worse food, and that maybe being hungry feels worse than eating the overcooked pasta. These skills can be applied for many different situations,” she says.

Meghan notes that treatment such as CR for PTSD does involve hard work. “There is homework,” she says with a laugh. “And the more you do outside of the sessions, the better the treatment works.”

Meghan worked in individual sessions over 16 weeks with therapist Andrea Woloff, MA, LMHC, who is the clinician at NCR and head of the Bridge’s CR for PTSD program.

According to Andrea, one in ten individuals in the country has some form of Posttraumatic Stress Disorder—a fact that surprises many of the individuals she sees in her work at the Bridge. “One of the first things we tell our CR for PTSD clients is that they are by no means alone in this and that in fact, the symptoms they are experiencing are very common,” she says.

Andrea also notes that the treatment is proving to be effective for many. “We measure outcomes and ask individuals to rate their symptoms at the end of every four sessions. The vast majority are reporting a decrease in symptoms and a more positive outlook,” she says.

“It’s so rewarding to see the individual’s thinking change before your eyes from upsetting and distressing thoughts to a more positive outlook and confidence. Anyone can do this. It takes courage and is a big step, but it’s worth it,” she adds.

For Meghan, the treatment she has received gives her hope that she is prepared for life. “Learning these tangible skills that I can always use really helps me feel hopeful for the future. I can take control of my thoughts and my life,” she says.

For others, Meghan says “Just do it. It’s hard, but it really will help.”
THE BRIDGE OF CENTRAL MASSACHUSETTS
Thank you for 25 years of service…

Milton Bornstein
Director of Planning, Quality and Technology

For more information:  www.thebridgecm.org
www.safehomesma.org
www.thebridgetraininginstitute.org

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(508) 755-0333  •  TTY(508) 755-8015  •  Fax (508) 755-2191
Email: info@thebridgecm.org