Planning and Delivering Trauma Responsive Services

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Why Care About Trauma?

- **Definition of Trauma**
  - An experience that produces psychological injury or pain. (www.Dictionary.com)

- Trauma impacts a majority in DD & MH systems
  - Statistics are startling ranging from 20-70%, but all agree it is likely under-reported

- Trauma as the latest catch all
Trauma Impacts People in Predictable Ways:

- Impact on the brain (Schupp, 2004)
- Over time with repeated release of fight or flight chemicals:
  - The cortexes ability to plan, organize, and execute action while regulating emotions is damaged.
  - The amygdala is damaged & no longer accurately recognizes danger.
  - The hippocampus no longer effectively tracks memory, controls consciousness, or circadian rhythms.
  - The brainstem misfires causing enuresis, encopresis, digestive issues, impulsive aggression from an overactive startle response.
Trauma Impacts People in Predictable Ways:

- **Impact on development**
  - 50% of brain development occurs after birth (Putnam, 2004)

- **Impact on social, psychological, and emotional regulation**
  - Emotional development begins chemically in the brain at six months gestation (Schupp, 2004)
  - The ability to trust, and the brain chemistry connected with it, begin at one month of age.
What happens when we ignore trauma?

- Disregard of trauma and its impact causes additional trauma
- Constantly putting out fires
- Reactive rather than proactive
- Disregard of trauma causes our services to be ineffective
“It is not our responsibility to identify necessarily the limits in our patients, but rather for us to identify the limits in the care that we give them. It is then, and only then, when we can go beyond them.”

Albert Einstein
Trauma Responsive Services

- Shift from
  - “What’s wrong with you?”
- To:
  - “What happened and how can we help?”
- Two Examples from Hamilton County
  - Trauma Informed Biographical Timelines
  - Dialectical Behavior Therapy for Adults with Co-occurring MIDD
Trauma-Informed Biographical Timelines

An approach for building empathy and creating shared understanding of:

- The person’s trauma history
- Impact of that trauma on how the person experiences the world
- Who the person IS today
- What they NEED
- WHAT WE WILL DO to help the person get what they need
Sample Biographical Timeline
Examples of Creative Approaches

• Goals for Marsha:

1. Seek opportunities to validate Marsha’s funny, caring, loving, and respectful nature, as well as opportunities to be around similar people who can offer positive healthy loving unpaid relationships.

2. Facilitate and further enhance Marsha’s life purpose through connection to healthy opportunities, and provide a reason to give good, healthy, positive attention and love to others.

3. Provide Marsha with direction, structure, and predictability.
Examples of Creative Approaches

- Goals for Tony:
  Seek opportunities for healthy, safe interactions with family
What we are learning:

- Defining roles
- Communication from all team members
  - Administrative
  - Monthly team meetings with client supports
  - Trauma-Informed Supervision
- Transparency
- An overall objective to enhance the quality of the person’s life
- People are individuals & the team may not consider all aspects that the client finds important
Dialectical Behavior Therapy for Adults with Co-Occurring MIDD

What is Dialectical Behavior Therapy (DBT)
- DBT was founded by Marsha Linehan, Ph.D. at the University of Washington in Seattle

- DBT is a cognitive-behavioral approach, based on the Bio-Social Theory of Borderline Personality Disorder

- DBT is an innovative method of treatment that was originally developed for treating Borderline Personality Disorder (BPD)
  - Now DBT is utilized for clients with substance abuse, depression, bipolar disorder, anxiety disorder, forensic clients, in family therapy, the elderly, adolescents, or any client with a disturbance of emotion dysregulation
• Is designed for the severe and chronic multi-diagnostic, difficult to treat client.

• Is a principle driven treatment that includes protocols...it gives you a map instead of a script

• It blends a matter-of-fact attitude about suicidal and other dysfunctional behaviors with the therapists warmth, flexibility, responsiveness to client, and strategic self-disclosure
The Bio-Social Theory

- Borderline Personality Disorder is seen as a biological disorder of emotional regulation.
  - Heightened sensitivity to emotion
    - Immediate reactions
  - Increased emotional intensity
    - Extreme reactions
  - Slow return to emotional baseline
    - Long lasting reactions
- BPD theoretically results from the expression of this biological dysfunction in a social environment experienced as invalidating by the borderline client.
The Invalidating Environment

- Personal experiences or responses of the child are “disqualified” or invalidated by a significant person (parent or other in that role)
- Not able to accurately learn to label or understand their own feelings or trust their own responses
  - You don’t feel that way
  - Boys don’t cry, Girls don’t get angry
- Demands that the child (individual) will be able to place on others will be severely restricted
  - Try to please others all the time
  - Can’t stand up for themselves
Standards DBT Modes

- Outpatient Individual Psychotherapy
- Outpatient Group Skills Training
- Telephone Consultation
- Therapists’ Consultation Meeting
Stages of DBT

Stage 1: BEHAVIORAL DYSCONTROL

Stage 2: QUIET DESPERATION

Stage 3: PROBLEMS IN LIVING

Stage 4: INCOMPLETENESS
Targets for Skills Training

- Decrease behaviors likely to destroy therapy
- Increase skill acquisition and strength
  - Mindfulness
  - Interpersonal Effectiveness
  - Emotion Regulation
  - Distress Tolerance
  - Self-Management
Six Month Treatment Cycle

Interpersonal Effectiveness (6 weeks)

Mindfulness (2 weeks)

Emotional Regulation (6 weeks)

Physical Distances (6 weeks)

Mindfulness (2 weeks)

Mindfulness (2 weeks)
Why DBT for the Intellectually Disabled?

- Individuals with MI/DD feel like they have so many complications in life that they will never get better.
- Many individuals are challenges for their families, clinicians, and care providers.
- Frequently have trouble with other people which lead to community struggles, such as job loss, loss of housing, etc..
- Individuals with MI/DD have an increased likelihood of being invalidated due to histories of abuse and institutionalization, which elude to having an invalidated environment.
Studies in DBT showed significant success with non-ID population

ID population has similarities with emotion dysregulation

DBT is a skill-based model that is consistent with psycho-educational and habilitative treatment practices within the ID community.

People who work with ID will be familiar with many DBT values and practices, including teaching skills associated with assertiveness, empowerment, and independence.
The Adaption's

- The skills book was modified to simplify language and pictures were added to help explain concepts
- Family and/or providers attend the skills classes with the individual
- Use of concrete and sensory-based experiential learning in the groups
- Additional time allotted for practicing skills in group
- Repetition, Repetition, Repetition !!
Challenges Along the Way

- Medicaid caps
  - Adjusted the program billing process

- Client follow through
  - Initiated a reward system

- Applying skills in the “real world”
  - Invited providers and family members

- Commitment / Drop out
  - Increase rapport building
Thank you!

Any questions?
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