

Trauma-Informed Care: a cultural shift in focus to promote resiliency and healing in people with developmental disabilities

CASES FOR DISCUSSION

Case scenario #1 – LISA

*Case study is abbreviated version of original study and used with permission of Karyn Harvey: Trauma-informed Behavioural Interventions; What works and What Doesn't

Lisa was adopted at a very young age by two wonderful and very caring people. However, by age 12 she was out of control. At age 14 she was placed in a residential facility after repeatedly attacking her mother. Despite a calm and nurturing upbringing, she had many behavioural problems. By mid 20's Lisa was still not able to take responsibility for her actions. No matter what she had said or done, she could not see how she had created, quite directly at times, her current predicament. Instead, she was convinced that she was being victimized or that she was an innocent bystander.

She had a hard time controlling her impulses. Once she had a thought, she HAD to act on it. As a result, she smoked two packs of cigarettes a day and weighed over 400 pounds.

Rewards for weight loss were all too long term to assist her in not acting on impulses. Losing a reward made her angry and, when angry, she acted on her negative impulses.....sometimes becoming aggressive.

Lisa was in a negative cycle that was hard to break.

Another of her impulses was to go to the hospital. Many behavioural interventions were put in place. None were effective.

Questions:

- 1) What struck you immediately upon reading this case?
- 2) As her caregiver, what do you think needs to happen first?
- 3) What do you think Lisa's key needs are?

Case scenario #2 - MARC

Marc is a man in his 40s who resides in a group home. He has a dual diagnosis. He works in a segregated setting, attends outings scheduled by his group home and has some contact with his family. He has few friends. He was referred for behavioural services as recently his mood and behaviour have changed. Though he always struggled with self-harm and aggression, these incidents tended to be less frequent. In the last little while, these behaviours have escalated quite significantly in frequency and intensity.

Questions:

- 1) What struck you immediately upon reading this case?
- 2) What do you think could be contributing to the recent increase in complex behaviours?
- 3) What supports do you feel would be essential for Marc at this time?