Trauma-Informed and Training-Focused Treatment

Trauma-*Informed* System

"The Sanctuary Model© represents a theory-based, trauma-informed, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture"

- Developing a Therapeutic Community by changing Organizational culture

(Bloom, 1997, 2005, 2010; Bloom & Farragher, 2011)

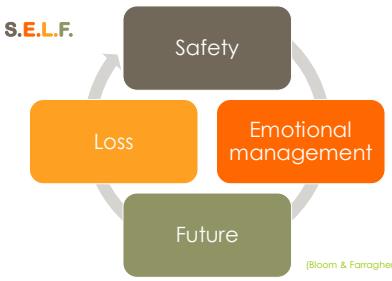
The Sanctuary Model©

(Bloom, 1997, 2005, 2010; Bloom & Farragher, 2011)

Components

- 7 Commitments
- Safety Plans
- Red Fag meeting
- Community Meetings

The Sanctuary Model©



(Bloom & Farragher, 2011)

Trauma Focused CBT for People with Developmental Disabilities

Course Overview

This course is a video of a presentation given at the annual conference of National Association for the Dually Diagnosed in October 2009.

Provided by Brian D. Tallant, LPC

- Reviewed commonly held myths about individuals with DD
- Reviewed components of TF-CBT
- Provided specific techniques on how to adapt implement treatment in practice

Learning Objectives

After viewing this course, you should be able to:

- Identify the special vulnerabilities of people with developmental disabilities.
- Describe the recommended methods of adapting mental health treatment to make it accessible
- Demonstrate skills for the implementation of Adapted Trauma Focused Cognitive Behavior Therapy.
- Not a substitute for comprehensive TF-CBT, but how to adapt to this population
  - http://tfcbt.musc.edu/

Good fit

- Strength based
- Developing skills (takes longer but once learned, gains are maintained)

Types of adaptations

- Slow down speech
- Comprehensible language & check comprehension
  - Ask "what did you hear me say", rather than "did you understand"
  - Don't assume information is too complex
- One item at a time & repetition
- Include more shorter sessions
  - Frequent breaks during session
- Use multi-sensory input
- Allow time to practice new skills
- Program for generalization

Format

- *family therapy model
  - Include all relevant caretakers
- Begin with assessment & re-assess throughout
- Sessions divided
  - Time with client
  - Time with caregiver/coach
  - Time working together
- Traditional sessions 90 minutes
- Start with psycho-education
- Always end sessions with fun activity
  - to re-centre

TF-CBT Children & Parents

P sycho-education & Parenting skills
R elaxation skills
A ffective modulation skills
C ognitive coping skills
T rauma narrative
I n vivo mastery of trauma reminders
C onjoint child-parent sessions
E nhancing safety & future developmental trajectory

TF-CBT for People with DD

1. Assessment & Psycho-education
   - SAFETY
   - Risk reduction
   - Developed narratives to explain these concepts
2. Skill building (relaxation, affect modulation, & cognitive coping skills)
3. Develop Narrative
4. Address thoughts and feedings associated with Narrative
   - incompatible with the existing fear
5. Integration of new knowledge

TF-CBT

Trauma Narratives

* after skills are build, but don't wait for "Mastery"

- first person and present tense
- story, book, poem, song or other written narrative, dance, drawing
  - Allow for creativity and individual expression
  - Have a chapter on 'About me'

Examples of Trauma Narratives

Integration

- Caregiver and client together
- Caregiver support client (fading into therapist role)
- Individual shares narrative with caregivers
  - Child pride & reduce stress
  - Caregiver provide support
  - Clarifications
- Support integrations into daily life
  - *be sure client has sufficient support in all environments
  - Focus on generalization