Dual Diagnosis Treatment
Team: Trauma Treatment
Presenter Information

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Participants will:

• Learn about Merakey’s DDTT model and how the DDT Teams support individuals who are dually diagnosed (those diagnosed with both mental health & intellectual/developmental disabilities)

• Explore some of the modalities, treatment interventions and activities the DDTT utilizes to support dually diagnosed individuals in their recovery from traumatic experiences.

• Learn some of the signs/symptoms that dually diagnosed individuals may display in response to trauma exposure.
What is DDTT? What does DDTT do?
DDTT is characterized by:

- A team approach
- In vivo services
- A small caseload
- Time-limited services (12-18 months)
- A shared caseload
- Flexible service delivery
- Fixed point of responsibility
- Crisis management available 24 hours a day, 7 days a week
  - DDTT staff are the on-call support
Meeting the Individual Where they are....

DDTT meets the individual where they are, literally and figuratively!

- **Services are person-centered and data driven/evidence based in nature.**

- **Treatment is delivered in the home, work/school place and community at least 85% of the time**
  - Even psychiatric evaluations can occur in the home.
DDTT provides assistance with...

- Activities of daily living
- Health care
- Housing
- Medications
- Family life

- Counseling
- Vocational/Educational Goals
- Behavioral Supports
- Co-Occurring disorders

And much more!
• **Team approach:**
  - Individuals have contact with more than 1 team member per week

• **A program serving 20 individuals has at least:**
  - 20 hours per week of a Psychiatrist/CRNP
  - 20 hours per week of a Registered Nurse
  - 1 full-time Director (Licensed)
  - 2 full-time Recovery Coordinators
  - 1 full-time Behavior Specialist (Licensed)
  - 20 hour per week Program Assistant
Intensive Transition Support Team (ITS)

Services Provided to:

- Individuals who are dually diagnosed (MH/IDD)
- Individuals who were previously in developmental centers who are being transitioned to the community
- Individuals moving from IMDs into delayed egress/community based homes

Staff Make Up:

- 1 FTE QBMP-licensed Masters level behavioral health professional
- 2 FTE’s Transition Care Coordinator-Bachelor’s position
- 1 FTE Program Director-Master’s/Doctorate level licensed director
- 1 FTE Nurse
- Psychiatrist and maybe CRNP

NEW DEVELOPMENT: ITS in California
Intensive Transition Support (ITS)

How Are Services Determined?
- Data driven (assessments; ongoing data collection)
- Evidence Based Practices

Housing & Provider Readiness/ Skill Transition

Individualized Planning & Treatment Recommendations
- Socialization
- ADLs
- Meaningful activity (vocational, educational, day program)
- Community engagement
- Treatment (individual/group therapy, specialized services)
Person Centered, Evidence Based, Data Driven Care
Research is emerging

APA approved guidelines for the modification of evidence based treatments:

- Break down complex tasks into individual steps
- Visual aides
- Ensure comprehension
- Inclusion of community support providers
- Generalization of skills
- Treatment provided outside of the clinical setting
- Consistent trauma informed care
- Remember each person is an individual!!!
A stressor is the prime causative factor
- Not all stressors cause PTSD
- The same stressor might lead to a PTSD diagnosis in one person, but not another
- More severe stressors result in a higher incidence of PTSD

Emerging research on the effects of PTSD and those diagnosed with an I/DD
Do we need to go into detail regarding PTSD or can this be part of the case study later in the presentation? You could provide some examples of how the evidenced based practices would work in treating/managing this disorder/case from a trauma informed perspective.

NHS, 8/29/2018
• Persons with ID are exposed to trauma and abuse more frequently than other people

• Exposure to trauma alters neurotransmitter systems, causing physiological changes

• Exposure to trauma can alter learning patterns

• Mood swings, fears, and even physical pain have been reported in individuals who experienced unresolved trauma.

• There may be a delay between exposure to trauma and manifestation of symptoms in persons with ID (McCarthy, 2001)

• A subset of persons who experience trauma develop PTSD
Behavioral Manifestations of Trauma

• Attachment difficulties
• Lags in development or regression
• Verbal/physical aggression
• Restricted emotional expression
• Isolation
• Impulse control difficulties
• Self-injurious behaviors
• Traumatic reenactment
• Dissociation
• Relationship problems
• Trust issues
Good Assessment is Key

Look for assessments normed for the population with whom you are working

DDTT uses the following to assess for symptoms related to trauma:

- ABAS-III
- UCLA PTSD Index (both adult & adolescent versions)
- FBA
- Family/Individual/Support Interviews
- Glasgow Anxiety/Depression Scale
• Support, develop a respectful alliance with the individual
• Encouragement to talk about the trauma using language comfortable for the person
• Avoidance of re-experiencing the trauma
• Skills training
  • Coping mechanisms—allow to practice new self
  • Relaxation
• Education about the disorder and triggers
• Psychotherapy—relational and supportive
• DBT takes specialized training but is promising
Adapted DBT (Dykstra & Charlton, 2004)

• Simplified language
  ➢ “Emotional regulation” was changed to a focus on how emotions effect the individual, and how an individual can make good decisions when experiencing emotions

• Concepts were paired down/simplified
  ➢ Use of visual presentations
  ➢ Reduced the number of interactions

• Linehan handouts were re-written
  ➢ “Please Master” in Linehan addresses reducing vulnerability to negative emotion to “Seeds Grow” and discuss controlling emotions rather than reducing vulnerability

• Use language which is in the person's vocabulary
• Focuses on emphasizing that we control our emotions; they do not control us
5 Senses Mindfulness Check in

Group Activity N8
Do you think this would work better near the end of the presentation or do you prefer to have it in the middle? If you want to keep it here, what would be the reason for its inclusion at this point?

NHS, 8/29/2018
Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)

- Strengths based approach
- The beginning stages of this treatment model focus a lot on education, which many of our individuals do not get
  - Assumptions regarding understanding abuse
  - Techniques are adapted to the individual’s needs
  - Normed for a wide range of developmental levels.
  - Children as young as three have been treated with this model.
- The model is specific, and predictable
TF-CBT Phases of Treatment

- Assessment
- Address safety issues
- Psychoeducation
- Skills Development
- Trauma Narrative (can be oral, written or picture)
- Trauma Processing
- Reintegration
Eye Movement Desensitization and Reprocessing (EMDR)

- EMDR is a form of psychotherapy in which the person being treated is asked to recall distressing memories or images while generating bilateral sensory input.
  - examples: eye movements triggered by a person’s hand, a light bar, or by utilizing “tapping” or vibration tools to trigger left/right hemisphere integration and stimulation.
Phase of EMDR Treatment

- Client History and Treatment planning
- Preparation
- Assessment
- Desensitization
- Installation
- Body Scan
- Closure
- Re-evaluation
Trauma Informed Care Practices for Dually Diagnosed

• Work to learn specific triggers and symptoms.
  ➢ Be respectful and non-judgmental!
• Ensure all members of the treatment team use the same language to address the specifics of the trauma
• Adjust support and training techniques when needed
• Support generalization to other environments/scenarios
• Allow more time for the client to learn the skills
• Use more repetition
• Don’t assume that the material is too complex for the client to understand
• NEVER assume that an individual can’t process the trauma or relate to a trauma he/she experienced
In Summary...

There are a variety of methods for assessing and supporting individuals with mental health & co-occurring IDD diagnoses who have experienced trauma.

Remember to always engage the individual (and supports, if prudent) in shared decision making regarding treatment and interventions.

Ensure that all members of the treatment team engage in strong care coordination to ensure proper care, and a warm handoff between practitioners.
Questions

QUESTIONS ANSWERED HERE EVEN THE SILLY ONES
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