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# A Descriptive Analysis of the Theory and Processes of an Innovative Day Program for Young Women with Trauma-Related Symptoms

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## ABSTRACT

This article describes the theoretical foundation and processes of a trauma treatment and skills training program for young adult women. The goal of the program is to decrease length of hospital stay and increase community stability. Experiences of trauma in childhood may lead to struggles in young adulthood. Hypervigilance, hyperarousal, and poor responses to sensory stimuli are often evident, as is self-injurious behavior and episodic behavioral dysregulation. Grace House is operationalized around three components implemented by occupational therapists and other professional staff: Attachment, self-regulation, and competency; sensory-based strategies, and a strength-based approach that builds upon internal and external resources.


## KEYWORDS

Occupational therapy;  
sensory-based strategies;  
trauma treatment; young  
adults

## Introduction

The State of Connecticut Department of Mental Health and Addiction Services (DMHAS) is the executive branch agency responsible for statewide policy and practice for adults with significant mental health concerns. The DMHAS Young Adult Services (YAS) program provides specialized mental health and community living opportunities to emerging adults between 18- and 25-years-old. Presently, there are 1,500 young adults at 18 community-based YAS programs across the state. Nearly 50% of YAS admissions were previously served in the child welfare system. In Middletown, Connecticut, the program is administered by the River Valley Services (RVS) community mental health agency.

The onset of severe mental illness impairs the capacity of young people to achieve stability in the community and experience success in employment and

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education (White et al., 2011; Woolsey & Katz-Leavy, 2008). Experiences of childhood maltreatment double the rate of mental health problems in transitioning youth (Ringeisen, Casanueva, Urato, & Stambaugh, 2009). Major mental health issues at time of transition to adulthood are accompanied by the loss of residential support, declines in use of outpatient services, and increased episodes of psychiatric hospital admissions (Pottick, Bilder, Vander Stoep, Warner, & Alvarez, 2008).

In order to minimize these negative outcomes, DMHAS provides specialized programming for transition age youth through the YAS program. YAS focuses on providing clinical services to help young adults recover from mental illness while simultaneously offering financial support and hands on assistance in the form of occupational therapy and home management training in order to develop competence in community living (Styron et al., 2006). Helping young adults develop social and emotional competencies through engagement in a recovery community can be particularly empowering (Stott, 2012).

### ***Young adulthood and chronic exposure to trauma***

Arnett (2000) identifies the core developmental goal of young adulthood as developing self-sufficiency. Three tasks associated with this goal are: assuming responsibility for one self, making independent decisions, and achieving financial independence. Experiences of trauma in childhood, often magnified by an accumulation of losses and placement disruptions, significantly alter the developmental pathway in young adulthood. Difficulties with self-regulation and problems cultivating safe, healthy relationships interfere with the achievement of core developmental tasks (Connolly, 2014). In fact, research by Lam, Lyons, Griffin, and Kisiel (2015) indicates that for victims of severe childhood abuse, trauma-related symptoms appear to increase over time and become most pronounced in late adolescence.

Victims of childhood trauma might utilize a number of methods to modulate or regulate strong emotions. Self-injurious behavior is associated with experiences of early abuse, and rates of self-injury are three times higher in women than in men (Lang & Sharma-Patel, 2011). Some evidence suggests that the presence of dissociative symptoms such as numbing and derealization mediate the relationship between trauma exposure and self-injurious behavior (Briere & Eadie, 2016). Hien, Cohen, and Campbell's (2005) research review indicates a strong relationship between trauma exposure and substance use in women. Both self-injury and substance abuse are conceptualized as ways for trauma survivors to regulate overwhelming emotions and distressing thoughts. Occupational therapists (OTs) in mental health settings often work with clients who engage in self-harming behaviors and so need to be aware of best practices in this area (Moro, 2007).

## ***Grace house day treatment program***

Grace House is a day treatment program located on the campus of Connecticut Valley Hospital (CVH) and operated by RVS. Grace House is a small, intensive, gender-specific program that provides trauma treatment and community living skills training. The target population for this program has significant problems with self-injury, behavioral dyscontrol, suicidal pre-occupation, and a history of instability in community placements. The young women in the program are survivors of significant childhood physical and sexual abuse, neglect, and child welfare involvement. The goal of the program is to assist young women in the transition from the hospital to community, and to support those women as they acclimate to life outside of the institution. This program is unique in the Connecticut state mental health system and includes an innovative mix of interventions from occupational therapy and trauma treatment theory. These services are in addition to treatment-as-usual in YAS that includes trauma based psychotherapy and medication therapy.

Although not specifically a substance abuse treatment program, Grace House conceptualizes a gender-responsive treatment setting that reflects Covington's Comprehensive Integrated Model. This model emphasizes safety, connection, and empowerment (Covington, 2000). Great care was taken in the formative process of the Grace House model to protect participants from physical, emotional, and sexual harassment from peers and staff while at the day program. Examples of these safety measures include an all-female staff and a designated comfort room within the house that a young woman can retreat to if she desires a safe space. Connection is achieved through an emphasis on small, consistent cohorts that are able to meet together and develop healthy peer bonds. Connection is also achieved as program staff foster relationships and mutuality as women interacting with women. Finally, empowerment occurs through joint decision making about activities, and by practicing and enacting life skills both at Grace House and in community settings.

## **Core components**

### ***Strength-based perspective***

The strengths-based perspective recognizes that growth occurs in the context of interlocking systems and by promoting strengths and competencies that can counter risk in internal and external developmental subsystems (Farmer, Farmer, & Brooks, 2010). Connolly (2014) points out the association between positive youth development and the ability to successfully transition to adulthood. Guerra and Bradshaw (2008) note successful development is related to the presence of positive attributes. These attributes promote the full potential of a young person. The key characteristics of positive youth development

are: a positive sense of self, self-control, decision-making skills, a moral system of belief, and pro-social connectedness. Acknowledging these core competencies of youth development provides direction for treatment and recovery (Connolly, 2014). As a result, Grace House uses an asset model that focuses clients on their strengths and helps build a stronger sense of self (Covington, 2000).

Opportunities in a shared space with other young women include creating art, sharing cooking tasks and joining together for a meal, and supporting one another in mindfulness activities. These allow women to develop strengths in a contained setting and at their own pace. Community excursions, including weekly shopping for the house, regular visits to the YMCA to use the gym, and special outings to the animal shelter, museums, or other locales allow for successful and positive experiences in community settings. Opportunities abound for women to participate in decision making around both Grace House activities and personally around their individual recovery plans.

### ***Attachment, self-regulation, and competency***

Grace House is organized around the Attachment, Self-Regulation and Competency (ARC) treatment model for trauma impacted youth and their caregivers. The model is applicable across age groups, including with young adults, and is flexible and adaptable to a variety of settings (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013). ARC interventions are targeted at the three core domains. Attachment is central to healthy development and is essential to the foundation of one's future relationships. Interventions in this area target systems so they are safe and responsive to the client's needs. Self-regulation interventions help clients identify and understand internal experiences, moderate those experiences, and safely share those experiences with others. Finally, the competency domain focuses on mastery and success in the areas of academia, social relationships, and community involvement (Blaustein & Kinniburgh, 2010).

### ***Sensory component***

Chronic traumatic stress in childhood decreases the ability of the young adult to effectively respond to stressful stimuli (van Der Kolk, 2014). Trauma survivors often present with extreme sensory hypersensitivity (Engel-Yeger, Palgy-Levin, & Lev-Wiesel, 2013). Traumatic stress can hinder and delay the regular development of neural connections. Repeated activation of the stress response causes alterations that result in the brain acting as if it is under constant threat (Perry, 2009). Koomar (2009) described this phenomenon by noting that, in childhood, trauma memories are stored as bodily sensations and these sensations are linked to the fight or flight response. This leads to a persistent state of hyperarousal and dysregulation.

In treatment, consideration is given to these disorganized sensations (LeBel, Champagne, Stromberg, & Coyle, 2010). Recognizing various, frequently occurring stressors in one's environment and creating meaningful treatment strategies is essential in creating interventions and positive coping mechanisms (Champagne & Sayer, 2003). Stoller, Greuel, Cimini, Fowler, and Koomar (2012) demonstrated the efficacy of sensory treatment in a cohort of veterans with post-traumatic stress disorder (PTSD). Using sensory-enhanced yoga, the treatment group experienced statistically significant decreased state and trait anxiety along with measurable improvements in quality of life measures. Another study done utilizing a sensory room ("Snoezelen"), a multi-sensory environment with a myriad of sensory-based treatment tools which facilitate relaxation, in an inpatient psychiatric setting led to decreased levels of stress and a concurrent reduction in restraints over the course of a year (Champagne & Sayer, 2003). Kaiser, Gillette, and Spinazzola (2010) describe an experiment that combined psychotherapy with a sensory learning program that effectively accelerated improvement in trauma symptoms among an adult cohort.

### ***How the ARC model relates to sensory-based strategies***

LeBel et al. (2010) recommends the blending of sensory modulation and self-regulation concepts and strategies when conceptualizing trauma-informed program development. Sensory-based strategies dovetail with the ARC model in addressing attachment and self-regulation. The development of hypervigilance creates a deficiency in not only the self-regulation of emotion, but also the self-regulation of arousal by sensory stimuli. Traumatized adults tend to suffer from a constant state of hyperarousal and physiological reactions to specific reminders of their past traumatic experiences. This is usually a fight or flight reaction (van Der Kolk & Fisler, 1994). These reactions can be triggered by unexpected sensory stimuli the individual relates to his or her trauma (i.e., loud, unexpected sounds or unexpected touch from another person) and immediately responds without assessment of the environment to modulate the appropriate response to those stimuli. These innocuous stimuli are perceived by the individual as a threat.

Grace House clients struggle with hypervigilance and hyperarousal due to histories of severe childhood abuse and neglect. These internal states subsequently interfere with the capacity to form attachments, regulate emotions, and master important developmental tasks. In a complimentary manner, both sensory-based strategies and ARC attend to trauma-based reactivity. ARC concentrates on developing attachment experiences in the day program setting, assisting participants to adequately identify and express affect, and to develop a sense of agency (Blaustein & Kinniburgh, 2010). Sensory-based strategies target the somatic manifestations of trauma that

language-based treatments do not address. The goal is to help heal the trauma disorder by training clients to identify and regulate sensory experiences (LeBel et al., 2010).

## **Application of core components to the milieu**

### ***Referral sources***

There are two primary sources of referrals to the Grace House program. The lead mental health agency in Middletown, RVS, provides intensive outpatient treatment for young adults through the YAS program. For young women with trauma, living in the Middletown community and receiving clinical services through the local YAS program, Grace House can provide an additional level of support to ensure community stability and reduce the likelihood of hospitalization and self-harm. The second source of referrals comes from CVH, a state-operated psychiatric hospital that is also located in Middletown. CVH refers clients to the Grace House who have “community passes” and are preparing for hospital discharge. Grace House offers additional opportunities for these young women to prepare for hospital discharge by providing life skill education and positive peer activities at Grace House along with supported activities in the community. In 2016, Grace House served 16 women with an average daily census of 5 women.

### ***Staffing and programming***

Grace House is staffed by an occupational therapy assistant (COTA) and a rehabilitation therapist. The programming and environment of care were designed and implemented in consultation with RVS clinical staff and consulting psychologists from the DMHAS Office of the Commissioner. The Grace House staff receives direct supervision from the director of RVS YAS, a registered nurse with considerable experience in community mental health services. RVS employs a registered licensed OT to provide direct occupational therapy supervision.

Hours of operation are from 9:00 am to 2:00 pm during the workweek. The number of clients in the program never exceeds five, due to the conceptualization of a small, intensive, and trauma-sensitive program. This number allows for an effortless combination of group activities and individual coaching. The length of stay is approximately 3 to 6 months. Discharge occurs when hospital-referred clients return to their home community, and when RVS clients’ resiliency have improved so that significant concerns of risk and re-hospitalization are minimal.

There is a schedule for the week’s activities. Mornings start with a centering activity focusing on mindfulness or movement. Later in the morning, formal

groups occur, including a sensory group, a coping skills group, and a women's group. For many of the groups, facilitators with particular expertise come to the house. On other occasions, the women attend larger group activities at the RVS clinic. Once a week, as a group, a shopping list is prepared and participants visit the supermarket. There is a daily lunchtime meal prepared by the participants and shared by staff and participants around a small table. After lunch, there are additional group activities including ARC groups and art therapy. Every week, there are opportunities to attend the YMCA to work out in the gym and swim in the pool.

The structure of the day program at Grace House allows for the principles of ARC to be incorporated in the daily groups and activities at the day program. The day begins with an energy check-in from the clients and staff using the Energy Tracking Worksheet, a clinical instrument that is based on the ARC model (Andonian, 2017). Clients and staff repeat the Energy Tracking activity as they transition to new activities throughout the day. Each client shares their "energy number" as well as a feeling that goes with the number. This energy check-in is used throughout the day to help both staff and participants gauge feeling states. When a client reports low energy and feeling tired, exercise and movement activities may be initiated to increase energy. Sensory items, fidgets, the comfort room, drawing, and other modalities are used to help the young women regulate anxiety and arousal. This energy check-in exemplifies an intervention directed at increasing self-regulation skills and includes affect identification and modulation components from ARC (Andonian, 2017).

There is an ARC group each day. Examples of group topics include: coping skills, self-development and identity, identifying and removing triggers, and goal setting. There is a resource book at Grace House that has multiple ARC group activities categorized by the different ARC building blocks. For example, a group that relates to self-development and identity uses a hand-out titled, "Focus on the Positive." There are four squares for the clients to either write words or draw pictures to respond to the following four statements; Things I like, People I like, Things I look forward to, and Things I like about myself. After all of the clients have finished filling in the blocks, they are encouraged to share what they have written or drawn with their peers. To wrap up the group the clients might be asked if some of the statements were more difficult for them to respond to than others.

### ***Sensory-based activities***

An important task is for practitioners to assess the sensations that might trigger a negative experience in a program participant (Koomar, 2009). OTs assess and develop sensory profiles for Grace House participants using the Adolescent/Adult Sensory Profile (AASP), a tool with good reliability and



validity, to help understand behaviors and responses to stimuli. This understanding can inform interventions, such as environmental adaptations, to support performance (Brown, Tollefson, Dunn, Cromwell, & Fillion, 2001; Moro, 2007). As an example of this, a Grace House client was administered the AASP by an occupational therapy student on site. Upon scoring the finished assessment, the client's scores fell in the range of "Much More Than Most People" in both the "Low Registration" and "Sensation Seeking" quadrants. This would indicate the client seeks a higher level of sensory stimuli (sensation-seeking) because it takes more of the stimuli for the client to respond (low registration). With these results, occupational therapy intervention can be catered to the client's sensory profile. For an individual whose scores indicate "Low Registration," difficulty noticing important safety information, such as directional or warning signs, might be a concern. In this scenario, a therapist might work with the individual to coach her on ways to pay more attention to risks and safety cues in the environment.

Opportunities for use of sensory objects are available throughout the house. Weighted blankets and pillows are available along with a wide variety of "fidgets," tactile objects that are easily manipulated by users. The young women create personalized sensory kits with assistance from staff. Often the creation of weighted blankets and unique fidgets are incorporated into crafting and art-based activities. Grace House provides a sensory comfort room. The comfort room specifically provides a soothing environment to help participants regain equilibrium following any triggering event (Koomar, 2009). Scanlan and Novak's (2015) literature review of 17 reports of sensory-based interventions with people with mental illness suggests that the best outcomes combine sensory rooms, sensory kits, and groups.

## Vignette

The purpose of this vignette is to provide insight into the application of the Grace House model to a typical program participant. The case study presented below involves reconfiguration of some key details to protect client confidentiality.

M. is a young single woman referred by an inpatient unit where she had resided for the previous year. Prior to that she was in a number of adolescent psychiatric units and highly structured group homes starting at age 12. M. spent virtually no time outside of institutions in her adolescent and initial young adult years. Her childhood was remarkable for prenatal exposure to cocaine, early physical abuse and neglect, abandonment, and multiple foster care placements. By age 12, she struggled with intense episodes of behavioral dyscontrol that included property damage and threatening behavior toward caregivers. She also engaged in self-injurious behavior. M. had very few family supports and resources. Due to

constant emotional dysregulation and frequent moves from hospital to hospital, M. had limited opportunities to forge bonds with peers or caring adults.

A YAS consulting psychologist with considerable experience in trauma treatment worked with M. for over 6 months while she was on an inpatient unit. M.'s episodes of instability gradually decreased, and discussion of community discharge was initiated. At that time, M. began attending Grace House while still residing on the inpatient psychiatric unit. At the time of admission and throughout early treatment, the Grace House staff identified strengths:

- a) M. was able to complete her high school diploma while in the hospital and expressed a goal of becoming a forensic psychiatrist.
- b) M. had a dry wit and could make her peers (and staff) laugh with her droll observations and comments.
- c) M. was highly expressive through dance and artwork.

M. participated in Grace House for 5 months. During that entire period, she did not have any episodes of self-injury or outburst behaviors. At first, she attended with a staff escort from the inpatient unit, but within a month could attend the program unaccompanied.

At Grace House, she developed a number of positive relationships with staff and peers. She enthusiastically participated in yoga and art therapy. She joined in cooking activities and developed her kitchen management skills. At the end of her second month she began working on her transition from the hospital to a community supported apartment. In the third month she discharged from the hospital to the apartment program. While in her new apartment, she continued to attend Grace House for an additional 8 weeks while titrating from 5 to 3 days per week. Eventually, she decided to stop attending Grace House in order to focus on community college and a part-time job. As she prepared to leave the program, a gathering of her support network, including peers, her new clinical team, her consulting psychologist, Grace House staff and a family member held a goodbye party at Grace House to mark her transition.

### ***Examples of ARC interventions associated with M.'s case***

**Attachment:** The training and supervision provided to Grace House staff emphasizes the need for the staff to manage their own affective responses to M.'s behaviors, while constantly trying to accurately understand and empathize with M.'s feelings and behaviors. Both a morning energy check-in and the daily lunch activity established important routines. According to Blaustein and Kinniburgh (2010), these activities help to provide coherence and predictability to trauma survivors who have often experienced unpredictability and chaos. The goodbye party constituted a ritual, important for offering a sense of belonging and a connection to a larger whole.

**Self-Regulation:** The self-regulation approach centered on M.'s difficulties acknowledging and managing feelings of vulnerability. M. had a desire to engage relationally with peers and staff, but her shame and mistrust prevented the establishment of genuine connection. Instead, she would be easily slighted

by perceived negative interactions, and those slights would quickly turn into explosive episodes. Assisting M. to moderate her intense emotions was a key to helping her gain connection and in turn reducing relational fear and distrust. The clinical work of teaching M. to identify her emotions was initiated by her YAS psychologist prior to implementation of Grace House, but the cottage program provided opportunities to reinforce that learning. Grace House staff, attuned to M.'s emotional states, was able to help her to identify early cues of dysregulation and immediately employ modulation strategies. Naming emotions and building an emotional vocabulary occurred through routine check-ins throughout the day. At Grace House, the use of emotion flashcards helps clients identify moods. During all interactive activities, OTs prompt clients to identify their affective state in the moment. Many of these strategies are adapted from Blaustein and Kinniburgh (2010).

**Competency:** In addition to naming affect, M. needed to learn to maintain a comfortable state of arousal. She was often highly aroused, times during which she historically found relief through self-injurious behavior and aggressive acting out. These responses were out of M.'s control, artifacts of her early trauma. The use of the energy check-in, mentioned previously, is a routine that taught M. to monitor her states of arousal. As she became adept at recognizing changes in her energy level, the next task was to help her reduce arousal so that she could accomplish tasks without behavioral dysregulation interfering. There were numerous opportunities at Grace House, ranging from the use of "fidgets" like stress balls and bean bags that she could hold and manipulate, to regular movement-based activities like dancing and yoga.

Finally, adolescents who experience placement instability and periods of psychological disturbance lack opportunities to cultivate core developmental skills. In particular, connection to others, a positive self-identity and accomplishment of typical tasks for young adulthood in the areas of community living, self-care, school, and work. The Grace House milieu allows a small cohort of women to spend time together in a safe and relevant setting. In that setting, M. took great joy in planning and preparing meals for others. She went on walks, visits to farm markets and petting zoos, and spent time at the gym with the same small social group. These experiences, in addition to better affect modulation and reductions in hypervigilance through appropriate use of sensory tools, allowed her to develop friendships and practice empathy for others. In the later phases of treatment, Grace House staff made the following observation:

I was walking across campus with two clients. One of the clients began to get very tearful and started perseverating on seeing (a frightening man). As the client became increasingly upset, her peer (M.) said, "I remember that you like to sing as one of your coping skills, why don't you choose a song on my phone and sing

it to us.” All of us stopped walking while the client sang a song; after which she was no longer crying and was able to continue on our walk across campus.

As she progressed in treatment at Grace House, she moved toward a future orientation by considering next steps. She gradually, with support and input from staff and peers, considered both the timing of her discharge from Grace House and also the next steps that she would take on the developmental trajectory. According to Blaustein and Kinniburgh (2010) active decision making, weighing alternative choices, and considering consequences are all evidence of improved executive functioning. Per Arnett (2000), assuming responsibility and making decisions for oneself are important developmental skills in young adulthood.

## Conclusion

DMHAS YAS provides comprehensive mental health treatment and community living opportunities to emerging adults with serious behavioral health challenges, including those associated with severe trauma. The program operates in Connecticut through a network of community providers. The RVS YAS program is located in the same community as the state psychiatric hospital. Grace House endeavors to meet the special needs of young women survivors of childhood trauma who now engage in severe self-injurious behavior, and who have difficulty sustaining stability in the community due to behavioral dyscontrol. It is a day program operated in a small cottage by women for women. The environment and focus of treatment are all trauma sensitive and trauma informed.

The purpose of this article is to describe the processes of the Grace House, exploring in detail three primary interventions. First is a developmentally oriented, strength-based perspective that encourages young women to identify and build upon core personal strengths. Second, sensory modulation strategies, including a variety of sensory tools and schemes, target debilitating hypervigilance and hyperarousal. Reducing these symptoms occurs while simultaneously offering the third intervention—exposure to community living experiences both within the cottage space and in a variety of public spaces. This results in increased executive functioning that permits the development of positive peer connections, future planning, and decision-making skills. In this way, Grace House is a unique opportunity to increase the pace of developmental change for young women with severe trauma. As suggested by the vignette, the expected outcome of the Grace House intervention is that young women will succeed in both leaving the hospital and maintaining stability in the community.

This article suggests a hypothesis that comprehensive, developmentally targeted treatment in a trauma sensitive setting is effective in reducing

symptoms and increasing functioning for young adult women survivors of severe trauma. Future efforts should endeavor to quantify these gains. Does Grace House participation reduce hospital lengths of stay compared to treatment as usual? Can reductions in symptoms be captured by standardized symptom and trauma measures? Does the intervention increase the duration of stable periods or reduce the magnitude of episodes of dissociation and behavioral outbursts? Answering these questions would provide much needed data related to the evidence-base of both the ARC model and sensory-integration approaches.

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