



Missouri Department of
MENTAL HEALTH

Missouri Alliance for Dual Diagnosis

MOADD Myth Busters & Modifications for Treatment

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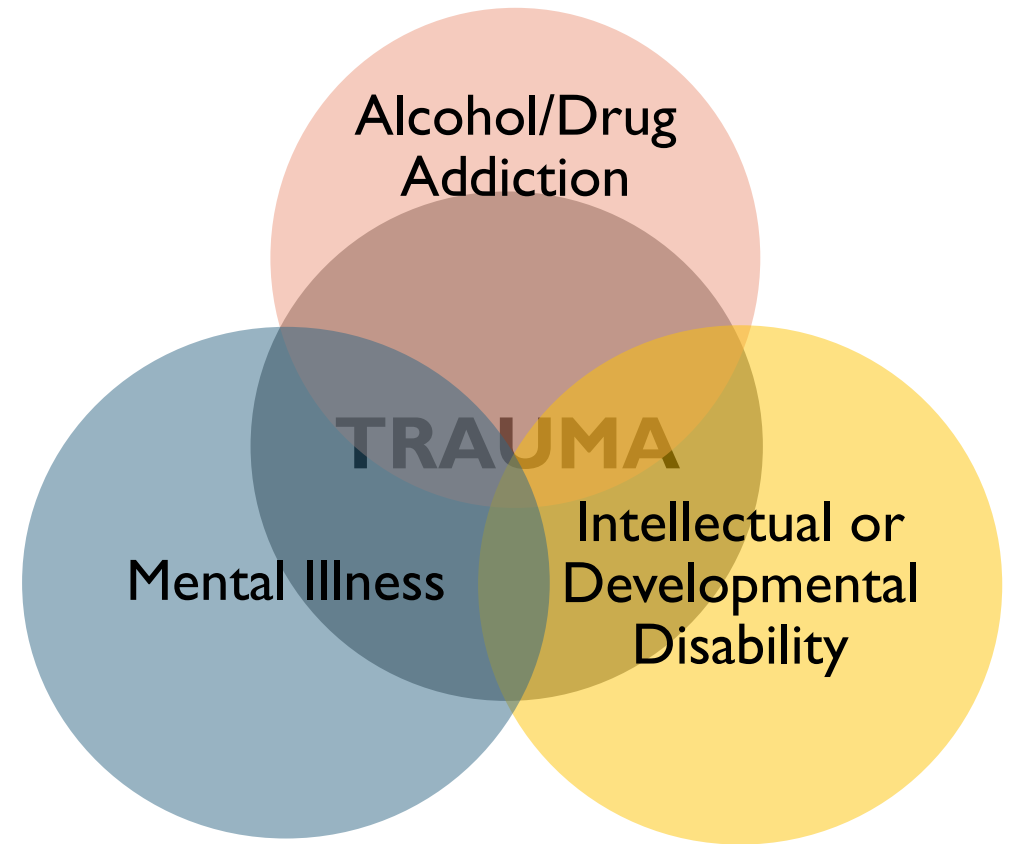
MOADD SUMMIT 2021

Using a new approach for treating dual-diagnosis

The Old Approach



Trauma Informed Approach



MYTH

Individuals with ID/DD cannot engage in treatment.

FACT

Individuals with ID/DD can and do engage in treatment.



MYTH

Behavior modification is the only treatment option for individuals with ID/DD.

FACT

Individuals with ID/DD and their families can recover from past and current trauma using trauma-informed adaptive treatment.



MYTH

Behavior modification is the prevalent behavioral approach for people with IDD and is only focused on punishment and extrinsic motivation.

FACT

Positive Behavior Support is the current best practice. It focuses on helping people meet their goals through skills teaching and increasing intrinsic motivation.



MYTH

Individuals with ID/DD do not experience trauma and cannot remember trauma.

FACT

Individuals with ID/DD are at higher risks of experiencing trauma because of additional vulnerabilities. They can – and do – remember trauma.



MYTH

Since individuals with IDD don't talk about their trauma, it probably isn't something we need to address.

FACT

The experience of trauma occurs separate from language.



MYTH

Individuals with IDD who have experienced trauma or have mental health concerns can't benefit from Positive Behavior Support strategies.

FACT

Positive Behavior Supports should not conflict with trauma-informed therapy and combining the two can accelerate treatment effects



MYTH

Challenging behaviors are due to an individual's ID/DD.

FACT

Challenging behaviors may be caused by medical problems, pain, depression, anxiety, trauma, skills deficits, lack of communication, and environmental stressors.



MYTH

Therapists are the only ones who can work on an individual's trauma.

FACT

You don't have to be a therapist to be therapeutic. Everyone can play a role to play in helping an individual heal from trauma.



MYTH

Therapy can only be done with someone who can verbally communicate.

FACT

Therapists can observe client behavior and reflect client's actions, mannerism or facial expressions in addition to psychotherapeutic listening.



MYTH

PBS strategies only work for people with limited language skills.

FACT

PBS and ABA-based strategies have been successfully applied across the spectrum of human experience



Can individuals with IDD benefit from therapy or traditional therapeutic approaches?

Yes!

May need to be adapted

Modify and adapt approaches that work for others with typical IQ and functional levels

Use “Bottom Up” and “Top Down” approach



Use a trauma lens for a whole-person approach

“Bottom Up” Approach

- Sensorimotor Therapeutic Techniques
- Focus on physical self-experience and self-awareness through expression
- Sensory awareness, mind-body centering
- Focus on reducing traumatic stress in the body and nervous system

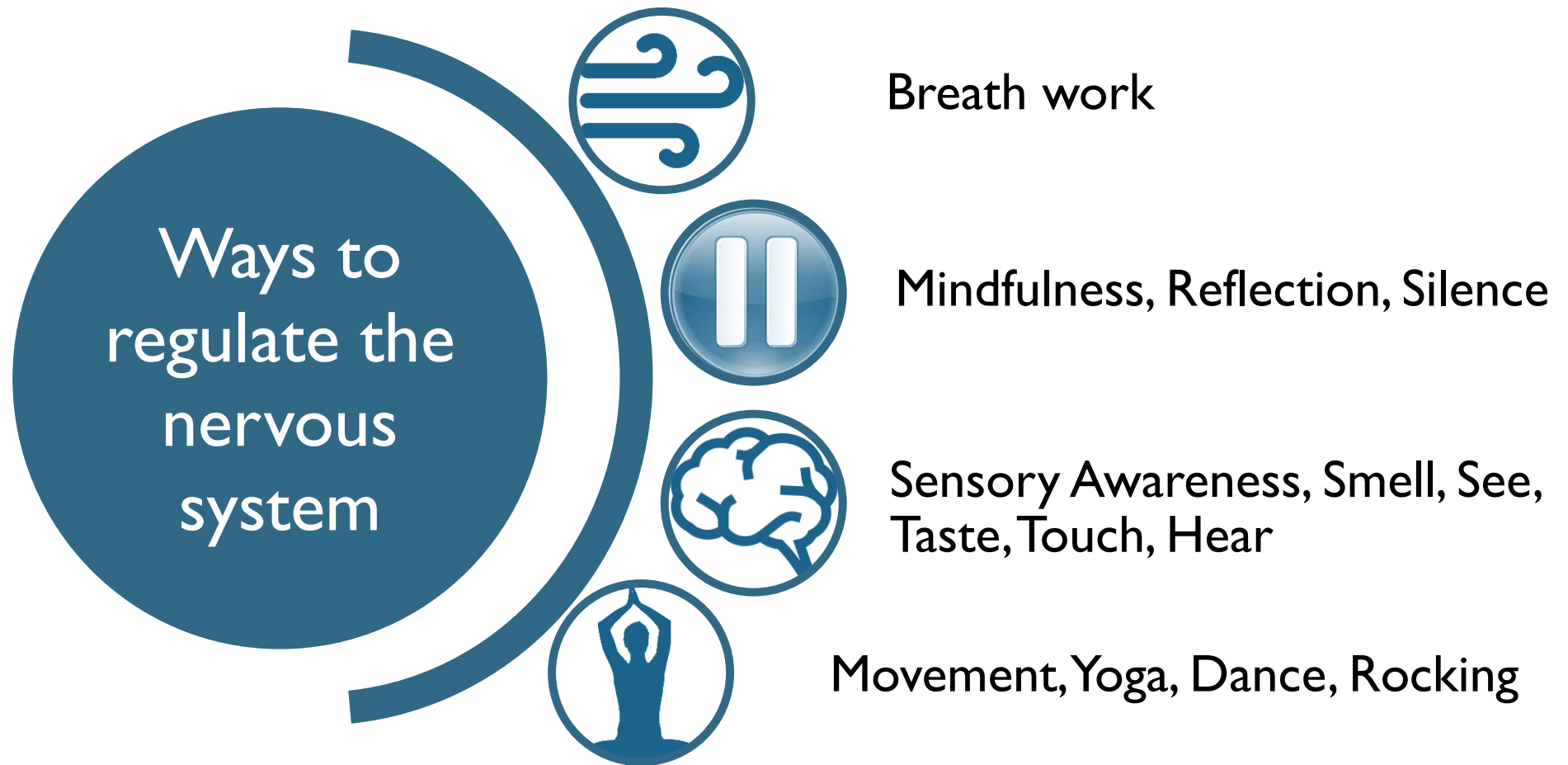


“Top Down” Approach

- Traditional Therapeutic Techniques
- Focus on making meaning of situations
- Focus on changing narrative of trauma experience
- Relies heavily on a person’s ability to communicate verbally and comprehend



What are sensorimotor techniques?



How can I adapt or modify interventions?

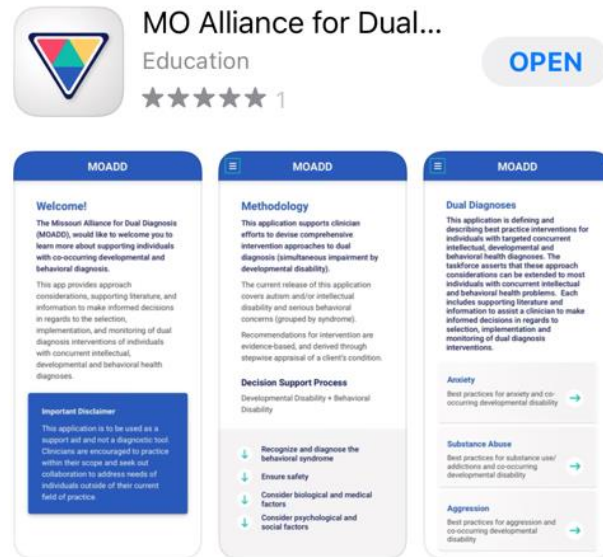
Every person has strengths. Take time to evaluate their strengths and use them.

Great opportunity to collaborate with behavior analysts, who are trained to effectively teach non-standard learners

Try THIS	Instead of THIS
Use short, simple sentences	Extended periods of talking
Use common terms	Using complex words or language
Break down tasks into next small step	Give long list of instructions or abstract directions
Repeat, repeat, repeat	Say it one time and expect them to remember or apply
Move slowly through “teaching”, chunk and check	Moving quickly through teaching without stopping
Praise and reflect often!	Withhold positive attention, or make it conditional
Use visual aids, music, role-play to teach skills	Only relying on verbal communication/comprehension
Shorter, more frequent sessions	Longer, less frequent sessions



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Trauma Informed Care

Trauma Informed Care involves using trauma knowledge to guide how treatment and services are delivered and how a trauma lens can be applied to promote organizational change. Our website features some information and resources about trauma informed care. The Department of Mental Health (DMH) offers support, training and consultation on trauma-related topics.

- ▼ Trauma Information & Treatment Models
- ▼ Missouri Trauma Initiative
- ▼ Missouri Trauma Roundtable Documents
- ▼ MO Trauma Initiative In the News
- ▼ Websites & Resources

Trauma Informed Care

- Children's Office
- Disaster Services
- Mental Health Equity & Inclusion Alliance
- Missouri Alliance for Dual Diagnosis
- Suicide Prevention Lifeline 1-800-273-(TALK) 8255





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