

**Creating a “Sanctuary” for Trauma-Informed Treatment:  
A Collaborative Clinic Serving the Local Community and Enhancing the Education of  
Philadelphia University Graduate Students**

**Research, Scholarship & Practice-based Project Grant  
Submitted by:**

Michelle D. Gorenberg, OTD, MS, OTR/L  
Assistant Professor  
Occupational Therapy  
Philadelphia University

Creating a “Sanctuary” for Trauma-Informed Treatment:  
A Collaborative Clinic Serving the Local Community and Enhancing the Education of  
Philadelphia University Graduate Students

---

## 1.) ABSTRACT

Faculty from Philadelphia University’s Community and Trauma Counseling (CTC) and Occupational Therapy (OT) programs have established the goal of collaboratively creating an on-campus clinic that serves the emotional and behavioral needs of children, adolescents, and families from the Philadelphia community.

This grant proposal seeks funding to support the initial steps in the development of a large-scale, long-term project (a university clinic) that will provide the following:

- A unique inter-disciplinary, active, real-world training clinic for Philadelphia University graduate students
- A team of expert faculty across disciplines who are skilled in the delivery of evidence-based trauma practice
- A safe, supportive and innovative clinical environment that promotes mental health and fosters resilience and adaptability in urban children, adolescents and families
- An opportunity for students and faculty to serve the community, providing much needed trauma-informed mental health and occupational therapy services to children and adolescents in Philadelphia who have been victims of violence, neglect, abuse or who have encountered other adverse and potentially traumatic experiences.
- A venue for faculty to engage in much needed research, which could include discipline specific outcomes, efficacy of a novel cross-discipline approach, and research related to the development of clinical competence in students
- A vehicle for Philadelphia University to distinguish itself by providing a model for collaborative, trauma-informed clinical practice, training, and research

Funding provided by this grant would support the preliminary trauma-informed organizational training needs of faculty across both programs. Additionally, funding is sought to support the writing of a large external grant that will enable clinic development and initial phases of implementation.\*

*\*You will note that Jeanne Felter, Associate Professor and Program Director of Community and Trauma Counseling, is submitting a similar grant application. These applications were developed collaboratively and, if funded, will cumulatively provide a foundation for the development of a strong grant proposal to external funders for the long-term project.*

## 2.) EXPLANATION OF THE PROJECT

### The Long-Term Goal: A Trauma-Focused Clinic

Much empirical evidence exists to support the development of a trauma-informed clinic that provides high-quality, accessible, evidence-based and innovative mental health treatments to urban children, adolescents and families residing in the neighboring communities of Philadelphia University.

Prevalence estimates show that 50% to 96% of urban children and adolescents are exposed to violence (Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003). Additionally, a 2008 survey of youth reported that 57% had been assaulted at some point during their lifetime and that 71% of 14 to 17-year-olds were assaulted in the past year (Finkelhor, 2009).

Children in Philadelphia, and more specifically those who reside in neighborhoods that closely border Philadelphia University like the Allegheny West community, Tioga, Nicetown, and North Philadelphia are highly likely to be victims of a crime, witness violence, or engage in criminal activity, all of which can serve to negatively impact mental health outcomes. Philadelphia's violent crime rate is higher than the national average by close to 200%, and each of the aforementioned communities that border Philadelphia University have violent crime rates that rank in the top 20% of all Philadelphia neighborhoods (Philadelphia Police Department, 2014).

Not all children that are exposed to violence or are victims of assault will experience psychological symptoms that warrant clinical treatment. However, a substantial minority of children do develop severe acute or ongoing psychological impairments (including PTSD symptoms) that interfere with their daily functioning, and warrant clinical attention (American Psychological Association, 2008).

Simple "single-episode" traumatic exposure is rare among urban children. In fact, the *Developmental Victimization Study* (DVS; Finkelhor et al., 2005) examined exposure to 34 forms of victimization experiences in a nationally representative sample of 2,030 children and youth ages 2 to 17 years. Findings showed widespread exposure to victimization incidents, with 71% exposed to one or more victimization incidents in the past year, and nearly 70% of victimized children experienced multiple exposures, with an average of 3 different kinds of victimization reported. As noted in the seminal ACEs study, when children experience multiple traumas throughout their childhood, they are at greater risk for psychological and physical health impairments throughout the lifespan, including alcoholism, drug abuse, suicide attempts, sexually transmitted diseases, and poor general health (Felitti et al, 1998).

Furthermore, most children and adolescents with traumatic exposure or trauma-related psychological symptoms are not identified and consequently do not receive any help. Even those who are identified as in need of help frequently do not obtain any services. This is especially true for children from ethnic and racial minority groups and for recent immigrants, who have less access to mental health services (Chow, Jaffee et al. 2003).

Unfortunately, even when children are seen for mental health services, inadequate training in trauma-informed assessment and treatment can lead to ineffective or even aversive treatment. At the hands of ill-informed clinicians, trauma exposure may not be known or addressed, and evidence-based treatment would likely not occur.

### *Trauma-Informed Mental Health Treatment*

Leading experts in the trauma-focused psychology and counseling fields have recognized a need for advanced trauma training in graduate settings. The Presidential Task Force of the Society for Traumatic Stress Studies (now called the International Society for Traumatic Stress Studies) first uncovered a void in trauma curriculum among clinical training programs in 1989. Courtois and Gold (2009) similarly expressed a need for trauma curriculum development, declaring a “call to action” for higher education institutions and underscoring an “urgent need for the inclusion of information about trauma in the psychology curriculum.” The authors called for a full integration of trauma skills, knowledge and research within graduate curriculum.

Philadelphia University is beginning to answer this call with the development of the Community and Trauma Counseling program, within which students receive a 60 credit trauma-infused clinical counseling curriculum. With the development of a trauma-focused counseling clinic, students at Philadelphia University would be able to practice skills and interventions learned in their classrooms, under expert supervision by trained faculty- a truly comprehensive approach to trauma-informed counselor development.

This clinic will focus on serving the mental and behavioral health needs of children and adolescents who have endured adverse experiences and associated traumatic stress. It is well documented that childhood Post-Traumatic Stress Disorder (PTSD) is associated with significant social difficulties, cognitive deficits, and poor academic performance (Zatzick, Jurkovich et al. 2008; Wu, Chen et al. 2009, Saltzman, Weems et al. 2006; De Bellis, Hooper et al. 2009, Mathews, Dempsey et al. 2009). Additionally, comorbid anxiety, depression, and alcohol and drug dependence are common in youth with PTSD (Kilpatrick, Ruggiero et al. 2003).

This clinic will offer Philadelphia children, adolescents and families top-notch mental health treatment rooted in evidence-based practices. Much research supports the use of evidence-based mental health interventions for children who have trauma histories, including Trauma-Focused Cognitive Behavioral Therapy (Cohen & Mannarino, 1996, 1997, 1998), Child-Parent Psychotherapy (Lieberman & Van Horn, 2005, 2008), and the Child and Family Traumatic Stress Intervention (Berkowitz, Stover, & Marans, 2010). Community and Trauma Counseling faculty will pursue advanced training in such evidence-based treatments prior to clinic development and these trainings will be written into the larger external grant application.

### *Trauma-Informed Occupational Therapy*

The aforementioned mental health interventions rely heavily on therapeutic approaches that are language based. For these forms of therapy to succeed, the child must be sufficiently emotionally regulated, organized, and grounded in the present. If dysregulated and disorganized, language, imagination, and symbolic expressive function will be hampered. The daily lives of traumatized children are frequently disrupted by overwhelming emotional states, and children frequently lack the resources or tools for managing their intense feelings. As a result, effective language and cognitive functions such as problem solving are not available when the adolescent is in these states, and consequently, language-based interventions can miss the mark.

As a client-centered health profession, occupational therapy focuses upon the promotion of physical and mental health and wellbeing by engaging children in active participation in occupations and activities that are meaningful to them. (American Occupational Therapy Association, 2008). Intervention provided by occupational therapists has the potential to make important contributions to the care of children who have experienced trauma, as a supplement to language based interventions and/or when these interventions may not meet the child's immediate needs.

Sensory Integration (SI), a specialization within the field of occupational therapy (Ayres, 1972), has received much attention (Champagne and Koomar, 2011; Champagne 2006, 2008, 2010b; LeBel et al. 2010; Cheng and Boggett- Carsjens 2005; Champagne and Tewfik 2010; Champagne and Stromberg 2004), as it offers a different knowledge base and skillset to improve self-regulation and to address potential challenges in sensory processing and developmental skills. Specifically, Occupational therapy using principles of sensory integration (OT-SI) contributes knowledge of sensory motor systems and provides strategies for sensory modulation have been useful in addressing arousal regulation, and the behavioral dysregulation seen in traumatized people (Warner, Koomar, Lary, & Cook, 2013). Occupational Therapy faculty will pursue advanced training in SI intervention, and approaches to trauma treatment that incorporate SI theory like Sensory Motor Arousal Regulation Treatment (SMART; Warner et al, 2010, 2011), prior to clinic development and such trainings will be written into the larger external grant application.

#### *Trauma-Focused Counseling and Occupational Therapy: An Innovative Approach to Trauma Treatment*

A collaborative approach to trauma treatment that includes advanced competencies in evidence-based mental health treatment provided by Community and Trauma Counseling faculty and students, coupled with sensory processing theory and sensory modulation techniques, delivered by Occupational Therapy faculty and students, will provide an innovative and informed approach to healing psychological wounds, building resilience and adaptation, and improving affect and behavioral regulation in traumatized children and adolescents.

Consistent with Philadelphia University's collaborative focus, opportunities also exist to engage in cross-disciplinary scientific inquiry.

#### Short-Term Focus: Trauma-Specific Organizational Training and Grant Support

This proposal entails two central objectives that lead to the aforementioned long-term goal (clinic development):

1. Trauma-specific organizational training for faculty; and
2. Support for external grant writing

#### *Trauma-Specific Organizational Training*

Funding would be utilized to train CTC and OT faculty in the Sanctuary Model® and the S.E.L.F. Program. Both the Sanctuary and S.E.L.F. trainings are relevant and necessary for CTC and OT faculty who will engage with clients and students in the clinic setting.

The Sanctuary Model, developed by Sandra Bloom, MD, is a trauma-informed method for

creating an organizational culture in which healing from psychologically and socially traumatic experiences can be addressed (Bloom 1997). Based on more than twenty years of clinical experience in responding to the needs of traumatized individuals, this model is an “evidence-supported” practice according to the National Child Traumatic Stress Network (de Arellano, 2008) and listed as a “promising practice” by the California Evidence-Based Clearinghouse (2008). The Sanctuary Model is currently being adopted by over ninety human service delivery programs nationally and internationally including: adult inpatient and outpatient mental health settings (Bloom 1994); residential and acute care settings for children and adolescents (Rivard, Bloom et al. 2002; Abramovitz and Bloom 2003; Bloom 2003; Bloom 2005; Rivard, Bloom et al. 2005); substance abuse programs for adults and for children; schools (Bloom 1995); shelters for the homeless and victims of domestic violence; and community-based as well as school-based social service organizations (Bloom, Bennington-Davis et al. 2003; Bloom 2007). More specifically for this proposal, this approach has been supported by Philadelphia’s Department of Behavioral Health and is recognized by foundations that support mental health initiatives.

S.E.L.F. is a psycho-educational group curriculum created by Sanctuary faculty that offers a shared and coherent organizing framework and supports practitioners in educating clients about the impact of overwhelming life experiences. The S.E.L.F. Psycho-educational Group Curriculum is designed to provide clients and staff with an easy-to-use and coherent cognitive framework that can create a change momentum and can help guide individual treatment, staff decision, team treatment planning, and an entire institution.

It is the aim of CTC and OT faculty to create a rich and nurturing training environment for our students, while working with a very difficult client population. The Sanctuary and S.E.L.F. trainings will support this endeavor by ensuring that faculty are mindful of the institutional prerequisites for organizations serving traumatized clients, informed about the necessary stages of effective trauma treatment, and focused on student and clinician health and wellness.

#### *Grant Support*

Monies requested would also support the writing of a larger grant that will be submitted to external funding sources for the development and preliminary operation needs of the campus clinic. This will be a collaborative grant written by CTC and OT faculty (specifically Jeanne Felter and Michelle Gorenberg), and will aim to secure funding in the range of \$200,000-\$300,000, contingent on University support and the renovation needs of identified campus space. Human resource needs, overhead, equipment, advanced training in discipline-specific evidence-based practices, insurance, and application for state license will be included in the external grant proposal.

### **3) IMPORTANCE OF THE WORK**

#### Professional Experience that Supports Current Project

Michelle Gorenberg’s current and past experiences delivering occupational therapy intervention using principles of sensory integration, her work in children’s mental health, her experience in clinical training and mentorship, and her scholarship interests are well-suited to the aims of this program. Michelle has almost thirty years of clinical experience working with children with sensory processing, developmental and mental health challenges in clinical practice. She has been actively involved in the clinical training of

occupational therapy students and occupational therapists throughout her career. Her doctoral work focused upon the development, implementation and evaluation of a professional education program to train therapists in use of self within a sensory integration frame of reference (OT-SI). Michelle has presented nationally and regionally on this topic. She continues to pursue scholarship examining therapeutic relationships with children and adults in occupational therapy practice.

Consistent with her clinical background and scholarship interests, Michelle currently serves on the American Occupational Therapy Association's School Mental Health Workgroup. In this role, she has collaborated with occupational therapists and faculty across the country on the development of fact sheets, targeted to both occupational therapy practitioners and stakeholders, regarding the role of occupational therapy in addressing children's mental health.

Michelle's primary scholarship interests are two-fold (Please see the attached biographical sketch for presentations and publication related to these scholarship interests.):

1. Therapeutic relationships in occupational therapy – including therapeutic relationships in OT-SI and the development of clinical competence in use of self in occupational therapists and occupational therapy students.
2. Scholarship of teaching and learning – including the development and evaluation of on-line educational programming and collaborative educational programming between clinical and academic educators.
3. Children's mental health has been a clinical area of expertise for Michelle throughout her career. It is an emerging area of scholarship interest.

The community clinic for which this grant will provide a foundation provides the opportunity for Michelle to further her research trajectory in all of these areas.

The American Occupational Therapy Association (AOTA) has established children's mental health as an important priority for clinical training, practice and research (AOTA, 2007). Intervention using a sensory integration frame of reference has been a part of occupational therapy practice for many years (Ayres, 1972); however its application to children's mental health and specifically, to trauma-informed care is an emergent practice which requires clinical training and outcomes research to support the efficacy of the approach (Champagne & Koomar, 2011). The establishment of the campus clinic has the potential to position Dr. Gorenberg and the Philadelphia University Occupational Therapy Program to contribute to both training and research in this emerging and highly prioritized area of practice.

### Rationale for Funding

The requisite trainings outlined in this proposal far exceed the monies available in the Occupational Therapy Department budget to individual faculty members for training and professional development, and would preclude faculty from participating in other important academic and professional pursuits, like attending annual conferences.

Further, significant time and resources will be required to produce a grant application that supports the clinic development and initial start-up. If funded, this grant will provide adequate resources including a faculty and graduate student stipend to support the grant writing process.

Lastly, this grant will provide the necessary foundation for an important large-scale project that could lead to faculty scholarship and provide opportunities for clinical training for Philadelphia University occupational therapy students in mental health that would meet the standards of the Accreditation Council for Occupational Therapy Education (ACOTE). Research opportunities include but are not limited to discipline specific outcomes, efficacy studies of this novel cross-discipline approach, contributions to pedagogy in occupational therapy education, and assessment of clinical competence in students.

#### **4) DESCRIPTION OF TIMEFRAME**

##### Narrative Description of Timeframe

Upon receipt of RS&P Grant funding, a letter of inquiry will be submitted to the Scattergood Foundation, a private foundation that frequently funds projects associated with childhood traumatic stress, innovative practice, and under-resourced communities. Additional private foundations that have demonstrated an interest in pursuits of this nature include SNAVE Foundation, The Maguire Foundation, The Charles Berwind Foundation and the Stoneleigh Foundation. Federal funding will also be explored through The National Institute of Health (NIH), The National Science Foundation (NSF) and The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Grant writing will commence upon receipt of funding during the summer semester, 2014 and continue through the fall semester, 2014, contingent on grant deadlines.

If funds allotted meet the expenses necessary for the entire Sanctuary and SELF trainings (5-6 full days plus ongoing consultation), such trainings will be scheduled between January and May 2015.

##### Timeline Matrix

See Appendix B (Timeline) for a visual depiction of the timeframe.

#### **5) PROJECT PERSONNEL**

##### Grant Writing

The following individuals will be involved in the writing of the large external grant:

Jeanne Felter, Ph.D., MA, LPC  
Associate Professor/Program Director  
Community and Trauma Counseling Program  
Philadelphia University

Michelle Gorenberg, OTD, MS, OTR/L  
Assistant Professor  
Occupational Therapy Program  
Philadelphia University

Nicole Marcano, BS  
M.S. Graduate Student  
Graduate Assistant  
Community and Trauma Counseling Program  
Philadelphia University

### Trauma-Focused Organizational Training

All CTC and OT faculty (including adjunct faculty) who are interested in working within the campus clinic and/or supervising student clinicians, as well as select relevant University administrators, will be expected to participate in the Sanctuary and SELF trainings.

## **6) DISSEMINATION PLAN**

This grant proposal is seeking seed funding for a larger external grant, which will eventually yield an established campus clinic as well as a robust and fertile foundation for many scholarly pursuits including presentations, workshops, and an array of publications. The dissemination plan of the long-term project is largely contingent on the establishment of the clinic, which in turn is contingent on many factors, most importantly the securing of external funding and the uncertain time frame.

The dissemination of this first phase of the project is the development of the federal and/or foundation grant proposal(s) to support the development and initial start-up of the campus clinic. Should this project receive initial funding from the University, the process of writing the larger grant would require defining a practice model for the proposed clinic. Dr. Felter and Dr. Gorenberg plan to present the preliminary versions of this model at regional and/or national conferences in their respective disciplines. Possibilities for these presentations include: The American Counseling Association, The International Association of Traumatic Stress Studies, The Pennsylvania Occupational Therapy Association, and The American Occupational Therapy Association.

Attachment B provides an estimated timeframe for the long-term project.

## **7) IMPORTANCE OF FUNDING**

### Seed Funding

This grant will serve as seed funding to stimulate the development of a large federal and/or foundation grant that seeks to support the development and initial start-up of the campus clinic.

### Basis for Long-term Project

This grant serves as a springboard for advanced training for faculty across disciplines, including organizational trauma-informed training (supported in part by this grant), as well as discipline specific advanced training that will be written into the larger foundation and/or federal grant. This training is the foundation for preparing Philadelphia University faculty to provide innovative and collaborative trauma centered-care and to establish a clinical education program for graduate students in trauma counseling and occupational therapy.

This grant, which seeds the funding for the campus clinic, provides a fertile ground for many research opportunities for faculty and students associated with the project.

### Possible Funding Opportunities

As mentioned, various private foundations that have demonstrated an interest in pursuits of this nature will be explored including The Scattergood Foundation, The SNAVE Foundation, The Maguire Foundation, The Charles Berwind Foundation and the Stoneleigh Foundation. Federal funding will also be explored including grants offered through The National

Institute of Health (NIH), The National Science Foundation (NSF) and The National Institute Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

## **8) BUDGET NARRATIVE AND WORKSHEET**

### Narrative

This grant seeks funding for a faculty stipend (\$2000) to support the writing of the external grant.

Additionally, this grant seeks funding to support, in part, two important trauma-focused organizational trainings (Sanctuary and SELF trainings). Ruth Ann Ryan, faculty member and Trainer at The Sanctuary Institute, quoted trainings at \$1000 per day. Thus, the cost of the 3-day Sanctuary training is estimated at \$3000 plus materials and ongoing consultation, and the cost of the 1.5-day SELF training is estimated at \$1500 plus materials and ongoing consultation, totaling approximately \$5000. The maximum remaining amount of the \$5000 RS&P budget cap is \$2,847.00 which is requested to defray the costs of these important trainings. The programs will need to produce an additional \$2,153\* to meet the estimated cost.

\*You will note that Jean Felter, Associate Professor and Program Director of Community and Trauma Counseling is submitting a similar grant application in which she requests a faculty stipend of \$2000 and a graduate stipend of \$925.00 to be used to support work in developing this collaborative grant, as well as \$1851.24 to be applied to the aforementioned trainings. If both grants are funded we will be very close to the quoted cost and will be well positioned to put forth a strong, collaborative grant proposal to external funders.

### Budget Worksheet

See Attachment C (Budget Worksheet)

## **9) ATTACHMENTS**

Attachment A: Gorenberg BioSketch

Attachment B: Project Timeline

Attachment C: Budget Worksheet

Attachment D: References