

Trauma-Informed Care- Sanctuary Model for the LADDER Center

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LADDER



“Helping Persons with Disabilities Reach their Optimal Potential”

Creating a Sanctuary for Trauma-informed Care at The Life Adjustment Diverse Disabilities Empowerment Residential Center

The Sanctuary: L.A.D.D.E.R.

The Life Adjustment Diverse Disabilities Empowerment Residential Center (L.A.D.D.E.R.) was founded in 1980 by Dr. Lindsay Stein, a retired Special Education Teacher. She worked in the New York City Public School system for more than 40 years. During her tenure, she observed the benefits of early intervention and found satisfaction while watching children with developmental and intellectual disabilities gain confidence, discover their self-efficacy and thrive. However, she wondered how many adults with disabilities had families that could not—or no longer care for them and what types of residential services were available in the borough of Brooklyn. She read peer-reviewed articles, conducted a needs assessment within the East Flatbush community, interviewed families who lived with an adult who has special needs, and studied demographic charts. She also conducted polls at local churches, community centers, hospitals, Caribbean Social Clubs, and stores that were frequented by West Indians who immigrated from the Eastern Caribbean.

To her surprise, ableism was a growing problem among West Indian populations in Brooklyn. She discovered that many families who had a loved one with a disability were often

marginalized and many of them held on to traditional religious beliefs which suggested that disabilities are a curse from God and the disabled person should be hidden, shunned, never spoken of, and even mistreated. In their view, it was one thing to give birth to a child with disabilities and another to care for “that curse.” According to them, caring for a curse is sinful and it only opens the doorway to additional curses. Additionally, social pressures added to the stigmatization associated with disabilities and families who had the financial means either sent their disabled loved ones away to live with relatives in foreign countries, place them up for adoption or dropped them off at institutions without any intention of looking back. Other families who could not afford such a “luxury” hid their loved ones—and their perceived shame.

She also discovered that in 1979, 65% of minority men between the ages of 35–80 who had a disability suffered more in-home accidents that required frequent emergency room visits. Many of these men had decubiti ulcers, were incontinent, could not perform self-care tasks, had poor skin integrity, with features including but not limited to ecchymosis, lacerations, overgrown fingernails and toenails, rashes, and fungal infections. Many of them were malnourished and had severe cases of pediculosis. During interviews, many family members admitted that they did not have the time, patience, and resources to provide adequate care. The results of this study moved Dr. Stein to launch the LADDER Center.

Dr. Stein purchased a 3-story apartment building on Utica Avenue and during the first 6 months of ownership, an abatement team was hired to address the mold and asbestos problem, and contractors renovated each apartment. Each floor had two 3-bedroom apartments with a sizeable kitchen, dining area, and two bathrooms. The smaller bathrooms were equipped with a toilet and sink while the large bathrooms had a toilet, dual sinks, walk-in shower, and bathtub. The apartments had numerous windows which flooded the spaces with natural light. The

building had a working elevator and an expansive lobby with a front desk and a seating area that could accommodate up to 20 people. A large bright awning was installed above the entryway and a pair of oversized plant pots filled with topiary were placed on either side of the doorway. A landscaping team laid fresh sod on the lawn and added a variety of flowers. Recessed lighting, a beautiful floral arrangement, abstract art, and a red carpet were added to the space. In the seating area, charcoal gray chairs surrounded a red ottoman that stored a variety of magazines. Two receptionists sat at the front desk, fielding incoming calls, and directed visitors to the appropriate areas.

On July 5, 1980, Dr. Stein invited the Mayor and local officials to the ribbon-cutting ceremony that marked the official opening of the LADDER Center. Permits were obtained for a street closure and community members were invited to the event. Representatives from the Office for People With Developmental Disabilities (OPWDD) were onsite to provide psychoeducation and pamphlets were distributed to raise awareness about the non-profit agency and the services that would be offered to persons with disabilities.

Today, LADDER has evolved into a large non-profit social service organization with 600 dedicated staff members serving 800 male and female residents. LADDER has established residential facilities in the boroughs of Queens, Staten Island, Manhattan, and in the Bronx, and the client population has become more diversified. The services of LADDER include individual and group therapy, day habilitation, medical, and community recreational activities. An administrative committee has been formed and a central human resources department are based at their headquarters in Brooklyn. LADDER has hired Licensed Clinical Social Workers, Direct Support Professionals (DSPs), a Quality Assurance Specialist, Medical Escorts, a Psychologist, and Residential Managers who provide 24-hour services. There is one Residential Coordinator

who visits each site and oversees program planning and residential operations. As the client population continues to expand, LADDER has hired service providers who are fluent in Haitian Creole, French, Spanish, Russian, German, Arabic, Chinese, Japanese, and Korean.

While many of these Clients were living with family members, abuse and neglect became a norm. Parents and family members lacked an understanding of developmental and intellectual disabilities and viewed non-compliance as marked disrespect, disobedience, and rudeness. Corporal punishment was used to “straighten them out.” Many of these clients are coming from single-parent households that hold to the belief that men who do not work are lazy, lack ambition and are worthless. The LADDER Sanctuary focuses on educating families about disabilities, breaking cycles of abuse and neglect, restoring parent-child relationships, destigmatizing disabilities, and providing support services to families and clients. Treatment Plans are developed to meet the needs of each client and clients are introduced to programs that are specifically designed to teach money management, adult living skills, personal care, and improving activities of daily living. Medical escorts transport clients to day programs and medical appointments. Additionally, Clients receive \$174 each month from the Social Security Administration, \$125 for personal needs, and each Residential Manager is provided \$200 in petty cash to cover other monthly expenses. DSPs are tasked with medication administration, meal preparation, and assist clients with personal care. With the guidance of Maslow’s Hierarchy of Needs Model, LADDER seeks to create a sanctuary that addresses the trauma that clients have endured, and help them to achieve meaning goals in a restorative, supportive, and therapeutic milieu that fosters optimal growth and development.

Destroying Sanctuary

Within the past two years, LADDER has been negatively impacted by external and internal forces. Staff turnovers have been widespread, jeopardizing the basic integrity of the organization and it was almost an unspoken rite of passage whenever DSPs and Residential Managers remained on the job beyond two years. Each apartment or “house” had 14 clients and each DSPs was assigned to care for 2-3 clients. While each client’s needs differed, the amount of paperwork that they needed to complete before the end of each shift often pushed them to stay beyond their shift. Many of these DSPs have young children and they needed to get home by a certain time but the pressure to complete their job responsibilities meant that they had to find coverage for their children. Additionally, the DSPs who worked at LADDER did not possess a High School Diploma or GED and without these credentials, job opportunities were limited. Since the inception of LADDER, 28 of the 80 DSPs who were hired have remained at the site in Brooklyn and while their job responsibilities have increased, none of them have received a pay increase, bonus or incentives.

Residential Managers are given cell phones and they are always on call. When one of them received a call that their child was injured at school, she contacted the Residential Coordinator to advise her of the situation and explained to her that she needed to get to the hospital right away. The Coordinator told her that when she accepted the position, she knew that the job would have to take priority over all else. When the Residential Manager tried to explain, the Residential Coordinator fired her. This sent shock waves throughout the agency because this Manager was apt to helping DSPs and other managers complete their assignments. Many DSPs

and Residential Managers became increasingly anxious, fearful, and felt that the Director and Board Members cared more about making a profit than the welfare and needs of their staff.

In February, a severe snowstorm impacted the entire Metropolitan area. The transit system was stalled and employees who worked on site were forced to remain on the premises for an additional day. Many of them made arrangements with family members and babysitters to ensure that their children would be taken care of. They were tired, sleep deprived, and cold. Two months before the storm, the elevator and boiler stopped working and without an adequate heating system, Clients and Staff contracted the flu, and had severe colds. One afternoon, the eldest client complained that he was cold and collapsed in the recreation area. The other clients were startled by this. A Residential Manager administered CPR, but the Client never regained consciousness.

A team from the Medical Examiner's office removed his body from the premises. An autopsy revealed that the client's cause of death was pneumonia. Several Residential Managers believed that the Clients would benefit from attending the funeral but the Residential Coordinator, opposed their request. She felt that it was unnecessary because the Clients didn't understand anything about death. The clients continue to ask when the deceased client would come home and some of them search his room to see if he's hiding in the closet, behind the door or under the bed. When a DSP asked the Residential Coordinator if she had any idea when the boiler would be repaired, the Coordinator discussed the matter with Dr. Stein and Dr. Stein sent an email to the staff at that Residence. It simply read,

“It has been brought to my attention that many of our service-providers are complaining about the temperature at the residence. I believe that an increase in productivity is the perfect solution to remedy this problem.”

Last month, the management team eliminated the Annual Vacation that is intended for Clients. Clients are also required to attend weekly programs but many of them are kept at the residence because the management committee refuses to allocate funds for them to engage in recreational activities when they have so many board games onsite. Additionally, Dr. Stein announced raises and bonuses would be given to the Residential Coordinator and the Management Committee. When one Residential Manager asked if he, the other house managers, and DSPs would also receive a raise, he was told that budgetary restrictions make it difficult for them to meet such a costly demand. Unfortunately, Residential Managers, the Quality Assurance Specialist, Medical Escort, and DSPs did receive any increase or acknowledgment for their work.

When one Residential Manager decided to distribute Certificates of Appreciation to his staff, the Residential Coordinator discouraged him, adding that there’s no need to do that because they are already getting paid to do their jobs. Some of the DSPs noticed that some of the Clients were sleeping more, had less energy and their appetite was reduced after taking their medicine. When she asked the psychologist if he could adjust the dosages, the psychologist made it clear that he did not need “support staffs to educate him!” Since then, DSPs and Residential Managers are experiencing burnout, frustration, anger, and feel even more unappreciated. They have resorted to discussing work-related issues among themselves and many of them are seeking jobs elsewhere.

Last week, while dueling gang members fought on the block, a pedestrian was fatally shot next door to the LADDER Center. Since then, employees are afraid to go to work and residents in the community fear that a lack of police presence increases the likelihood of other criminal acts.

Restoring the Sanctuary using the S.E.L.F. Model

An independent steering committee, community leaders, representatives from the 67th Precinct, a team of Social Workers, the Quality Assurance Specialist, and volunteers from OPWDD partnered with Dr. Stein, the Management Committee, Residential Coordinator, Residential Managers, and a team of Direct Support Professionals to engage in a mandatory 2-day seminar. The first day is strictly devoted to learning about the S.E.L.F. Model and the elements of the Seven Commitments. On the second day, the steering committee, team of Social Workers and Representatives conducted a computerized survey that focused on the four domains of the S.E.L.F. Model. Staff members were encouraged to provide truthful answers without fear of punitive consequences. All responses would remain anonymous and the results would be calculated to craft an implementation plan that is specifically designed for The LADDER Center.

First, representatives of the 67th Precinct determined that having police patrol the neighborhood and be present outside the agency was necessary. Additionally, officers from the Community Division met with gang leaders to address issues and de-escalate ongoing issues between these groups. A security team was hired to protect the building and cameras were installed to monitor activities around the clock. The Management Committee determined that employees who leave the residence after 11 pm can take an Uber and bill it to the agency. The elevator and boiler were repaired, and LADDER contracted with an HVAC vendor that would

monitor the system, provide routine maintenance, and test the air quality to ensure that clients and staff remain comfortable. Additionally, thermostats were installed in all bedroom and throughout the common areas. Residential Managers and DSPs were given a tutorial.

Every 6 months, DSPs and Residential Managers received in-service training regarding medication administration. First Aid and CPR trainings are provided every 2 years and Fire Safety training are conducted on a quarterly basis. Fire Drills are conducted on a monthly basis. The elevator is serviced bi-annually. Above all, at the start of each shift, half hour team huddles are conducted to address work-related issues and employees are encouraged to voice concerns and ask questions without fear of punishment. Dr. Stein applied for a grant from OPWDD and determined that Residential Managers and DSPs would receive an annual raise. Dr. Stein met with the staff at the residence and apologized to everyone for her insensitive email. She encouraged all staff to report work related issues to their managers and if no action is taken within a week, they should follow up by sending a second email to their manager and copy her on it. She reassured them that she and the entire staff are a family and that the LADDER Center is only strong if they work together. Dr. Stein scheduled an end of year awards ceremony and encouraged managers to elect an Employee of the Month.

If any employee has a personal issue, the newly adopted open-door policy allows for them to speak with their manager, a Social Worker, or a Psychologist at no cost to them. Lastly, staff are taught how to use the strengths perspective to support Clients and each other and work together to achieve goals. Positive reinforcements are offered to Clients, and they are praised for each milestone they reach.

Second, the loss of the elderly client and the former Residential Manager left many staff members and Clients feeling nervous, and traumatized. To honor the memory of the Client, a memorial service was held, and a large picture was placed on a pedestal at the front of the room. Clients and staff were given an opportunity to talk about the deceased client and to write letters that would be placed in a Memory Box. Mental Health Counseling was provided to anyone who continued to struggle with the loss. As for the Residential Manager, staff members were encouraged to contact her and to express their appreciation to her help. The Residential Coordinator met with her staff and apologized to them as well. She contacted the former Residential Manager and offered her a job with a raise and additional incentives. She thanked her but gracefully declined.

Each week, Clients and Staff would meet for 1-hour group sessions to address emotional issues and ways to help them feel more comfortable. The Clients requested that their rooms be painted in a variety of pastel colors and floral arrangements were added to each room. Additional lighting was added to the bedrooms and night lights were installed along hallways to prevent trips and falls. Family members were invited to attend weekly session and to participate in the crafting of treatment plans. During Summer Outings and Holiday Parties, family members were invited to attend and to watch their loved ones perform in plays. Graduation ceremonies were held each year to celebrate the accomplishments of each Client and to publicly reward them for their efforts. Some high-functioning Clients were given internships and allowed to work at agencies that made special provisions to accommodate persons with disabilities.

As the Clients and Staff at the LADDER Center look to the future, there is a sense of renewed trust, a growing enthusiasm about the opportunities and the potential for growth and development within the agency. Many of the DSPs are excited to learn that they the LADDER

Center is willing to make allowances for them to further their education and advance within the company. Residential Managers and DSPs can move up within the company and if any employee decides to pursue a career in psychology, social work, or human services, the LADDER Center will provide 50% towards Tuition Reimbursement.

Each incentive and measure that the LADDER Center has adopted is intended to strengthen employee morale, service delivery, enrich familial, professional, and community relationships, and empower persons with disabilities to lead their best lives.