

HEALING THE WHOLE PERSON

INTERDISCIPLINARY INTERVENTIONS FOR TRAUMA WORK



MIND THE GAP - THERAPY & CONSULTING

PRESENTED BY DAKOTA LAWRENCE LPC-MHSP & KAYLIN LAWRENCE OTR/L





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- Trauma, PTSD, C-PTSD
- Dissociation
- Self-Harm & Suicide
- Chronic Pain/Illness
- Adolescents & Adults



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- Dissociation
- Self-Harm & Suicide
- Chronic Pain/Illness
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Mind The Gap - Therapy & Consulting

Health professions traditionally exist in silos: isolated from one another and deeply specialized. This isn't inherently a bad thing, but it means that important pieces of our clients' overall healthcare slip through the gaps between services. Mind The Gap strives to offer mental health services that span the space between mental and physical domains. OT is often utilized in a physical health setting and counseling is primarily utilized in a mental health setting. By combining and collaborating with psycho-therapeutic interventions, we weave together a safety net that supports our clients across several holistic domains.



OUR STORY



Addressing both the mind and the body in mental healthcare is crucial! Our mental and emotional states are closely linked to our physical health, and vice versa. By taking a holistic approach, mental healthcare can help individuals achieve optimal wellness and improve their overall quality of life.

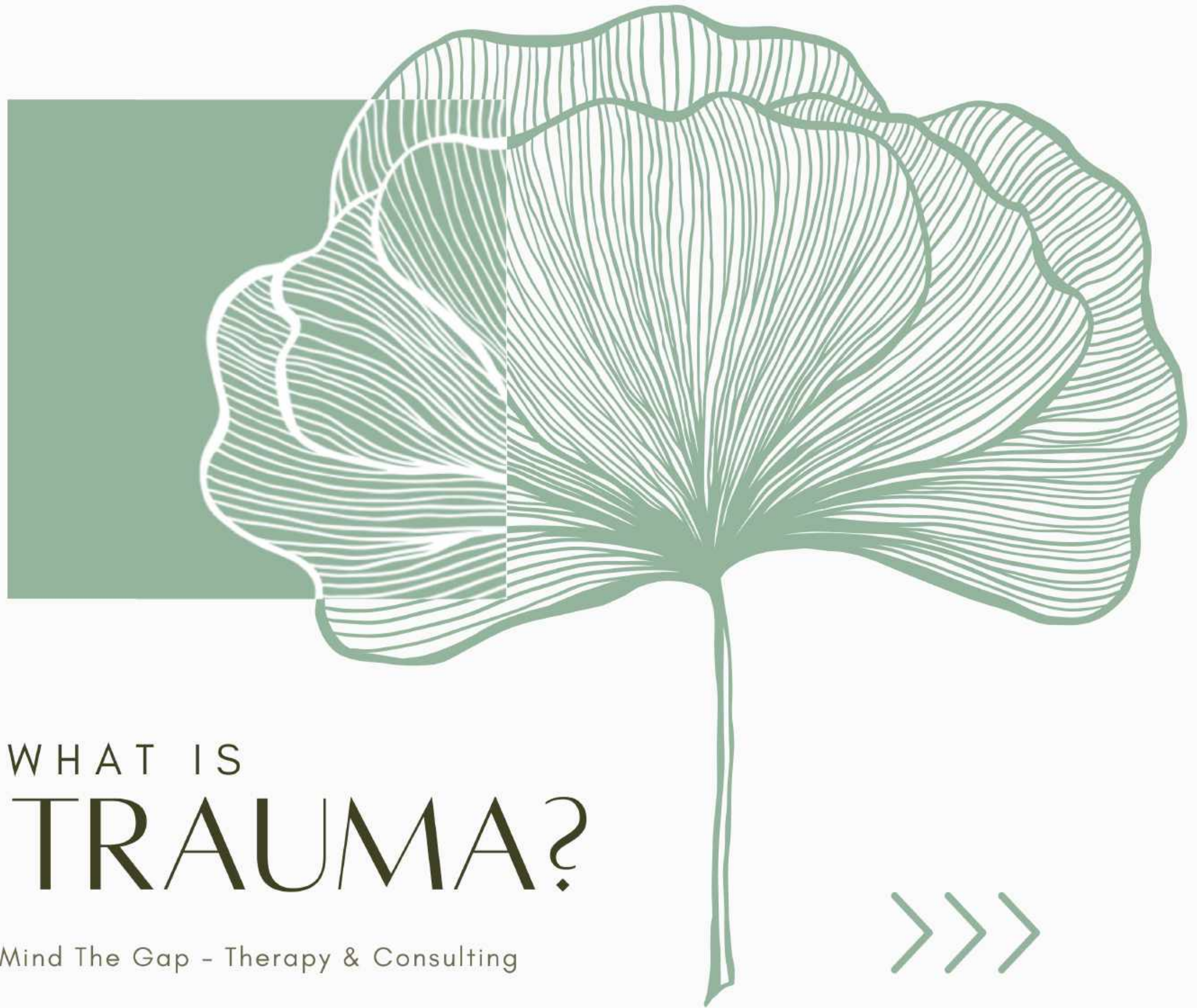


WHAT WILL WE COVER?

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WHAT IS
TRAUMA?

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WHAT IS TRAUMA?

APA DEFINITION

"Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical."

FOR OUR PURPOSES:

The "event" is not as important as the impact. Trauma is any event that leaves the nervous system in a semi-permanent state of dysregulation.

CAPITAL "T" VS LOWER-CASE "T"

Capital T: Event(s) that should NOT have happened, but did.

Lower-Case T: Events that SHOULD have happened, but did not.

-Gabor Mate



IMPACTS OF TRAUMA

BIOLOGICAL

- High Blood Pressure
- Sleep disturbance
- Chronic pain/illness
- Heart Disease

PSYCHOLOGICAL

- Intrusive thoughts
- Depression/Anxiety
- Negative core beliefs

IMPACTS OF TRAUMA

NERVOUS SYSTEM

- Hyperarousal
- Hypoarousal
- High Reactivity
- Slow Return to Baseline

SENSORY SYSTEM

- Sensory Sensitivity vs Sensation Avoiding
- Low Registration vs Sensation Seeking





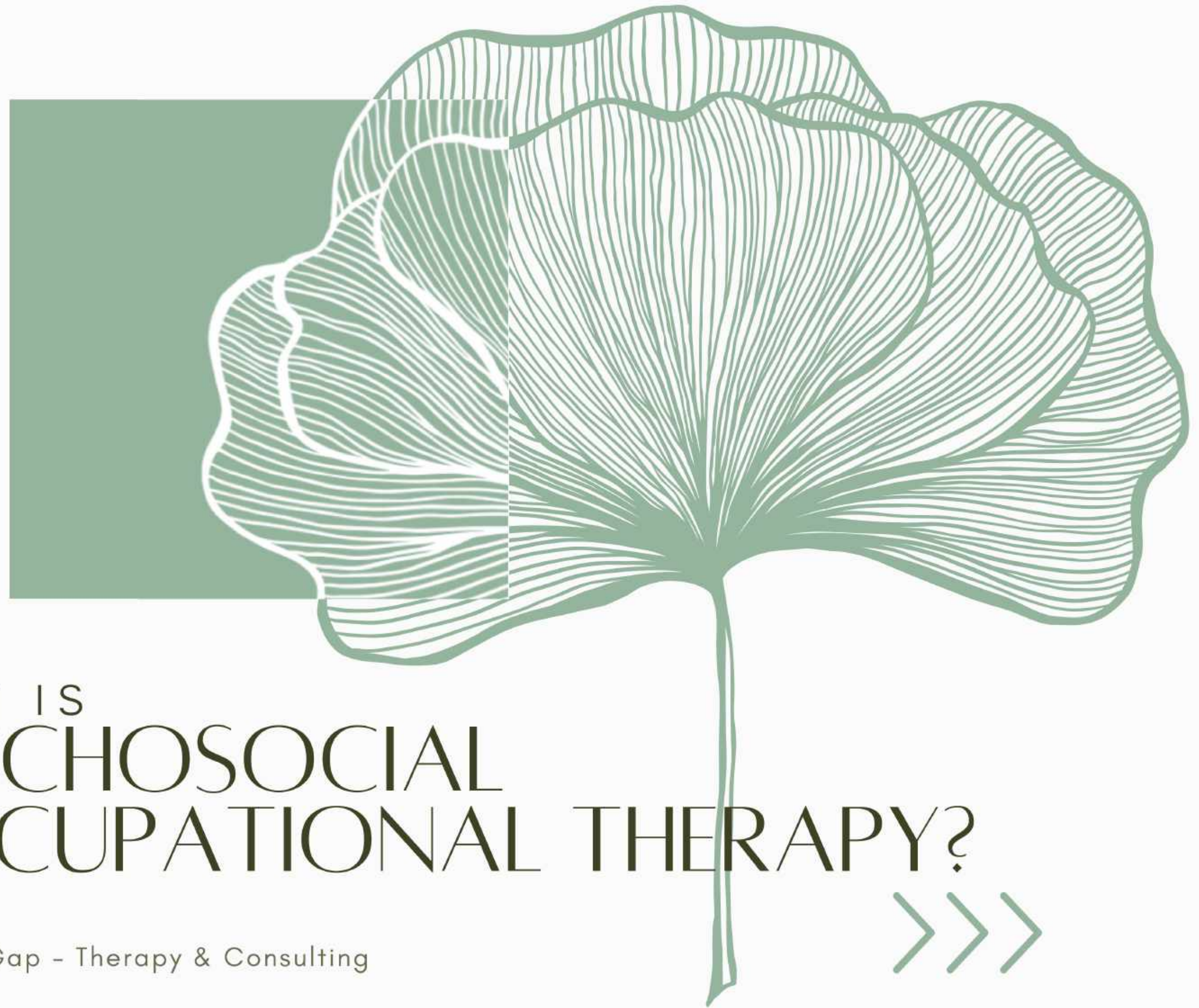
IMPACTS OF TRAUMA

RELATIONAL FUNCTIONING

- Isolation
- Difficulty forming new relationships
- Insecure/Disorganized Attachment

IDENTITY

- Felt sense of self
- Masking/"Chameleon"ing
- Underdeveloped interests
- Volatile Relationships



WHAT IS PSYCHOSOCIAL OCCUPATIONAL THERAPY?

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LET'S DEFINE IT

Occupational therapy is a holistic approach focused on aiding individuals because as independent and successful as possible in their daily, meaningful occupations.

Occupational Therapist's

- Meet client's where they are at
- Focus on the goals that are important to clients
- Intervene with therapeutic use of occupations and activities
- Help clients create a life worth living



Occupational Therapy was born out of the Moral Treatment Era

Became more mainstream while the first OTs were helping WWI soldiers recover from "shell shock" and other physical injuries

Significant focus on arts and crafts as functional occupations

The first OT school originated around this time as well in 1915, which also increase EBP

HISTORY OF OT



WHAT'S SO SPECIAL ABOUT OT?

There is some overlap between OT and the counseling profession, however OT's are the only discipline trained in activity analysis

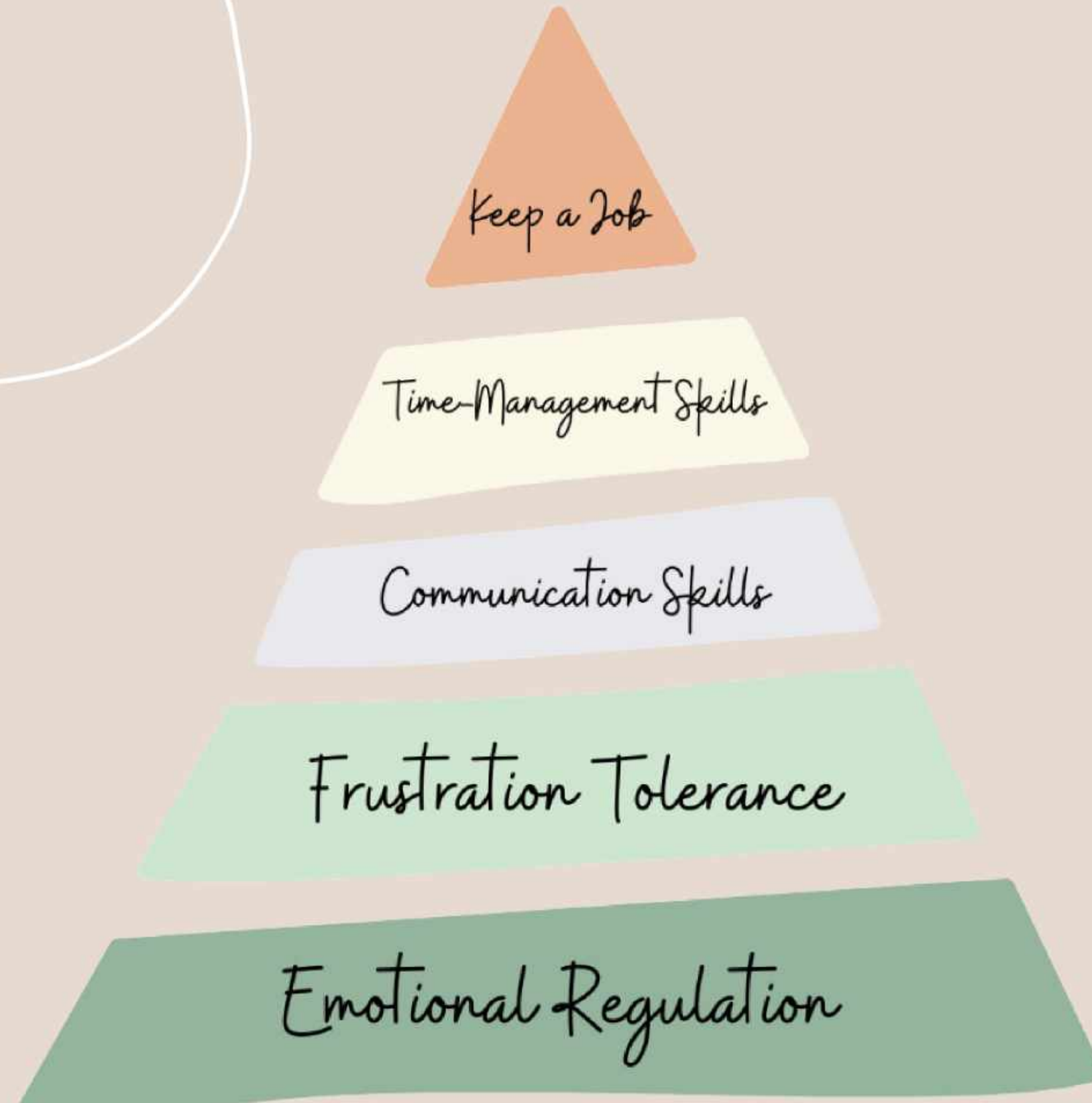
Activity Analysis is the process of examining an activity to identify its cognitive, motor, sensory, and emotional components

We utilize this information to intervene in an experiential and activity based format

MASLOW'S HIERARCHY OF NEEDS



THE HEIRARCHY OF ACTIVITY ANALYSIS

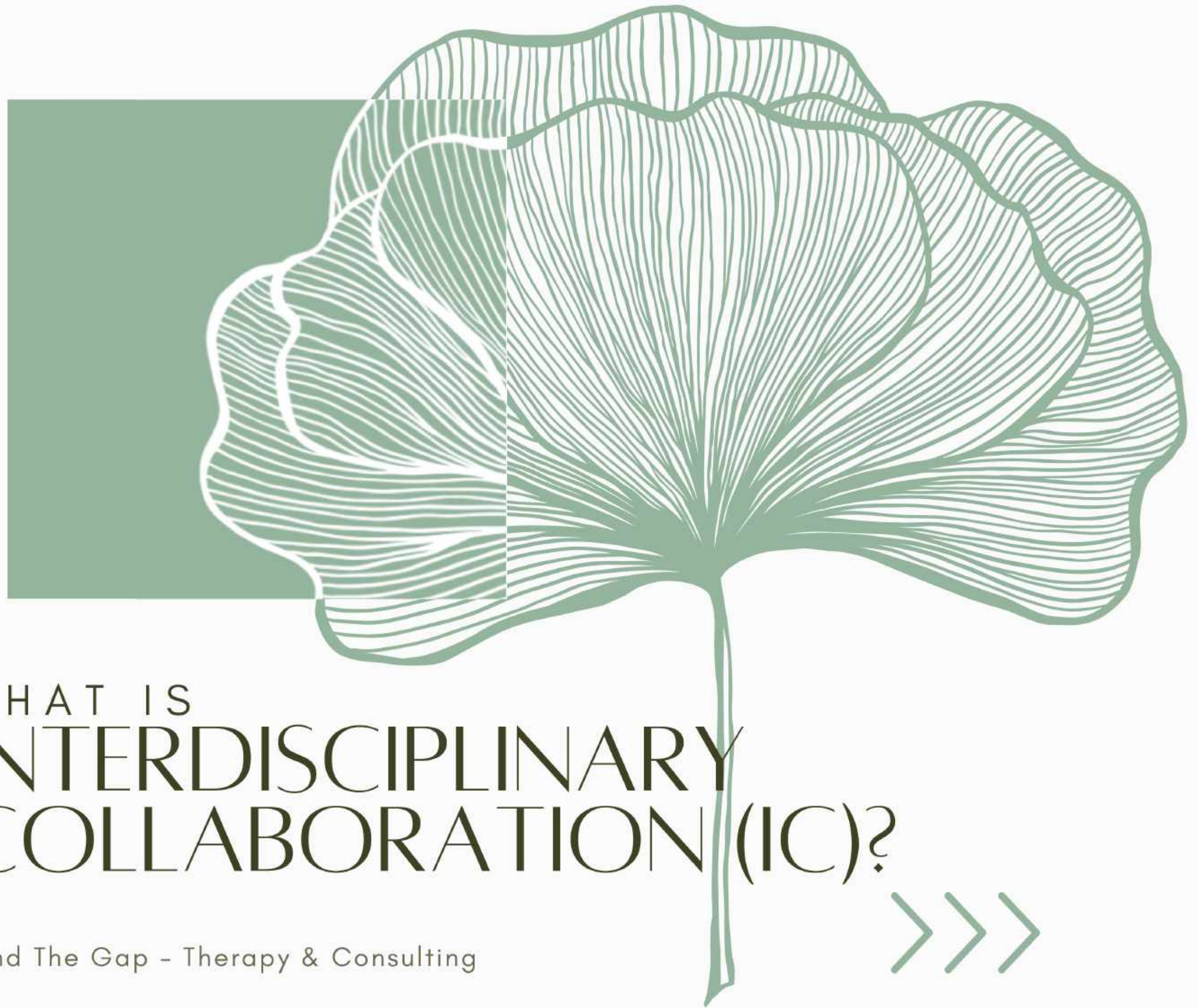


WHAT HAPPENS IN AN OT SESSION?

Each session varies greatly and is always client centered

- Sensory regulation and modulation
- ADL
- IADL
- Community mobility
- Social and leisure exploration
- Home management





WHAT IS
**INTERDISCIPLINARY
COLLABORATION (IC)?**

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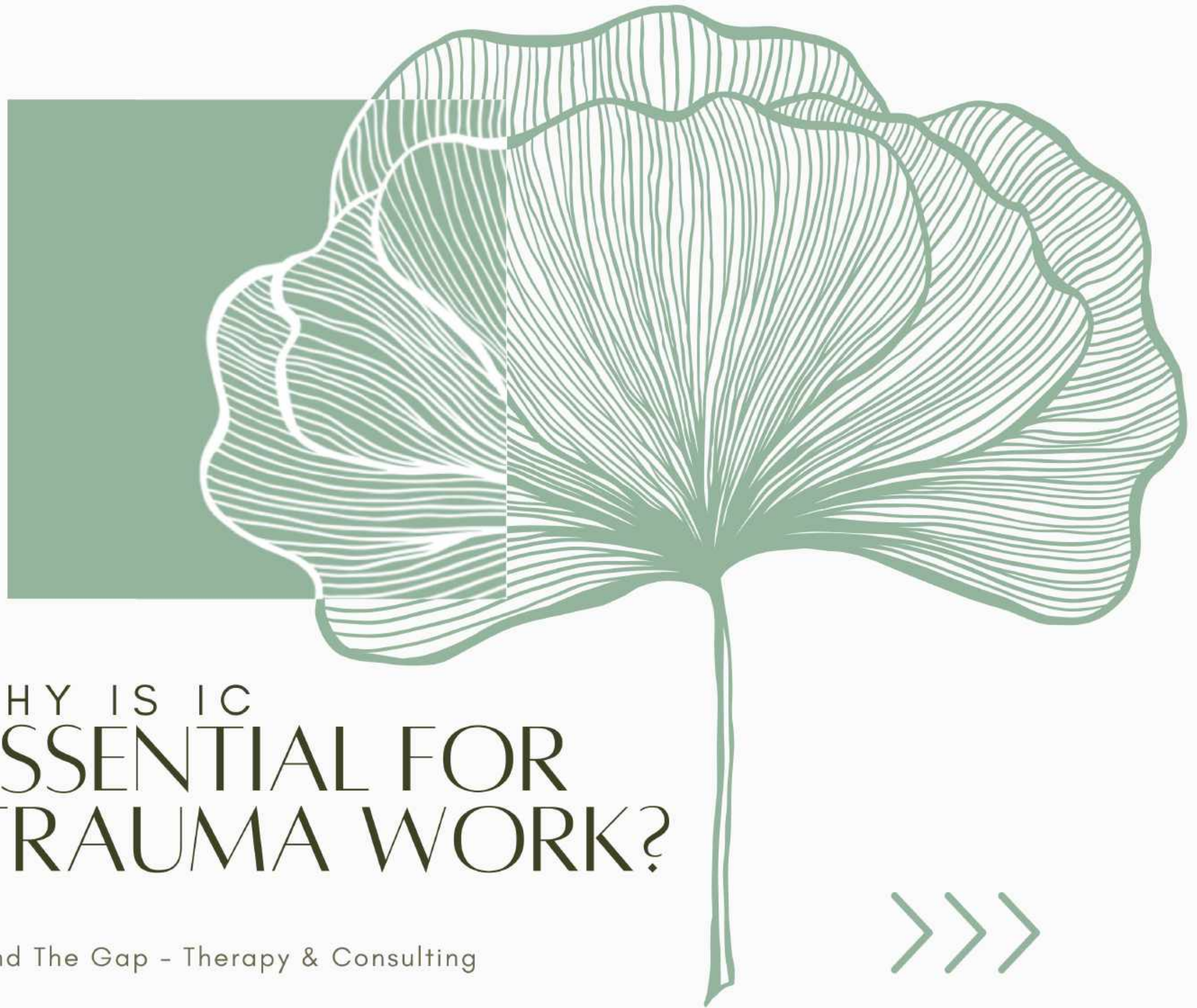
ACCORDING TO THE WORLD HEALTH ORGANIZATION

"Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings"

IN REALITY:

- We have a vast network of practitioners in our community
- Dynamic practitioners within our practice, specializing in a wide variety of areas
- We focus on developing a “team” for our clients to support them on their healing journey
- Each client is a dynamic, unique individual. Utilizing interdisciplinary practice allows for the clients needs to be addressed in the most holistic way possible





WHY IS IC
ESSENTIAL FOR
TRAUMA WORK?

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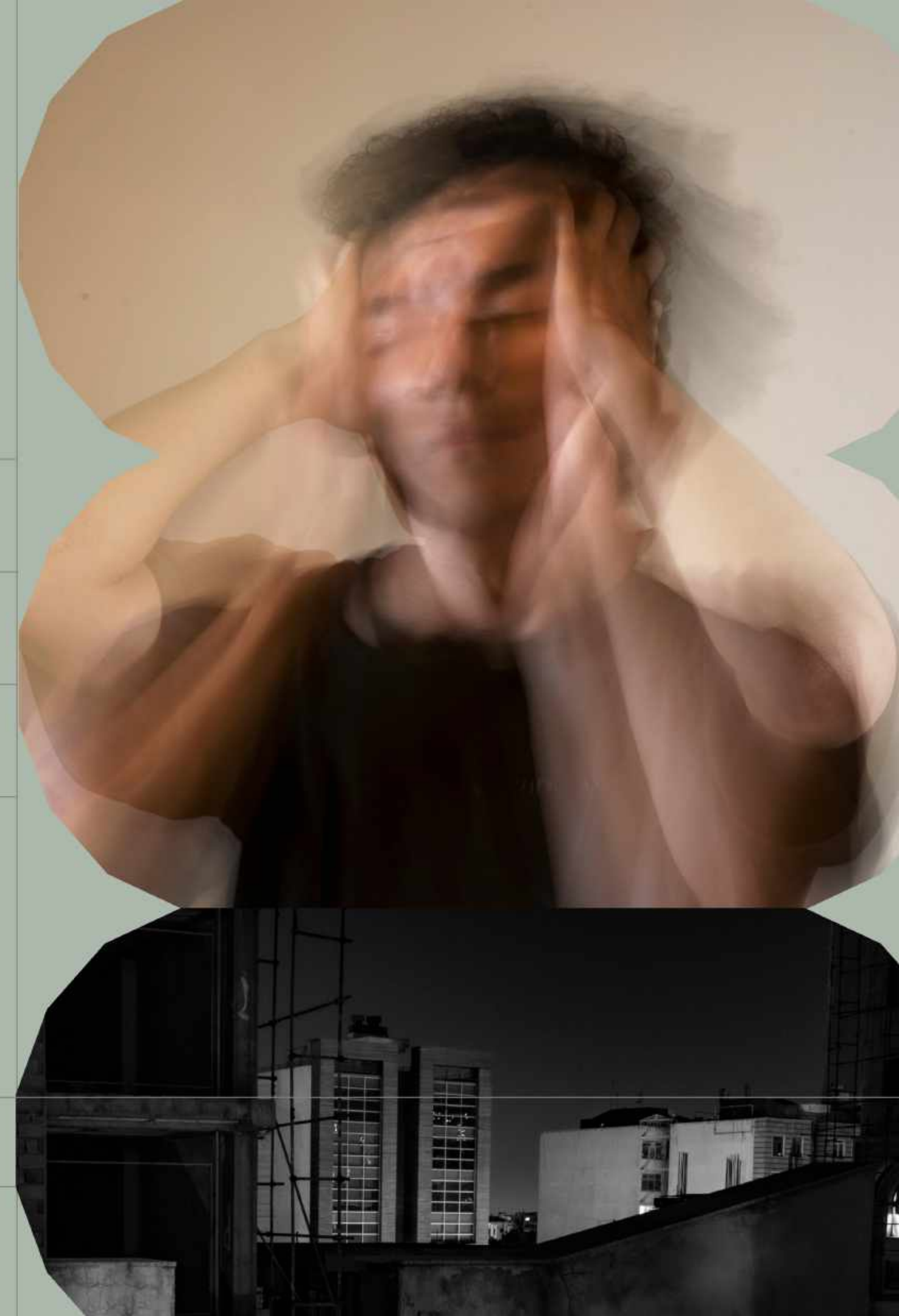


WHAT IS PERVASIVE EMOTION DYSREGULATION

- 01 High Emotional Sensitivity
- 02 Difficulty Regulating
- 03 Slow Return To Baseline

LIVING IN EXTREMES

- 04 Hyperarousal: Anxiety, Startle Response, Physical Pain
- 05 Hypoarousal: Dissociation, Disorganization, Self-Harm



EPIGENETICS



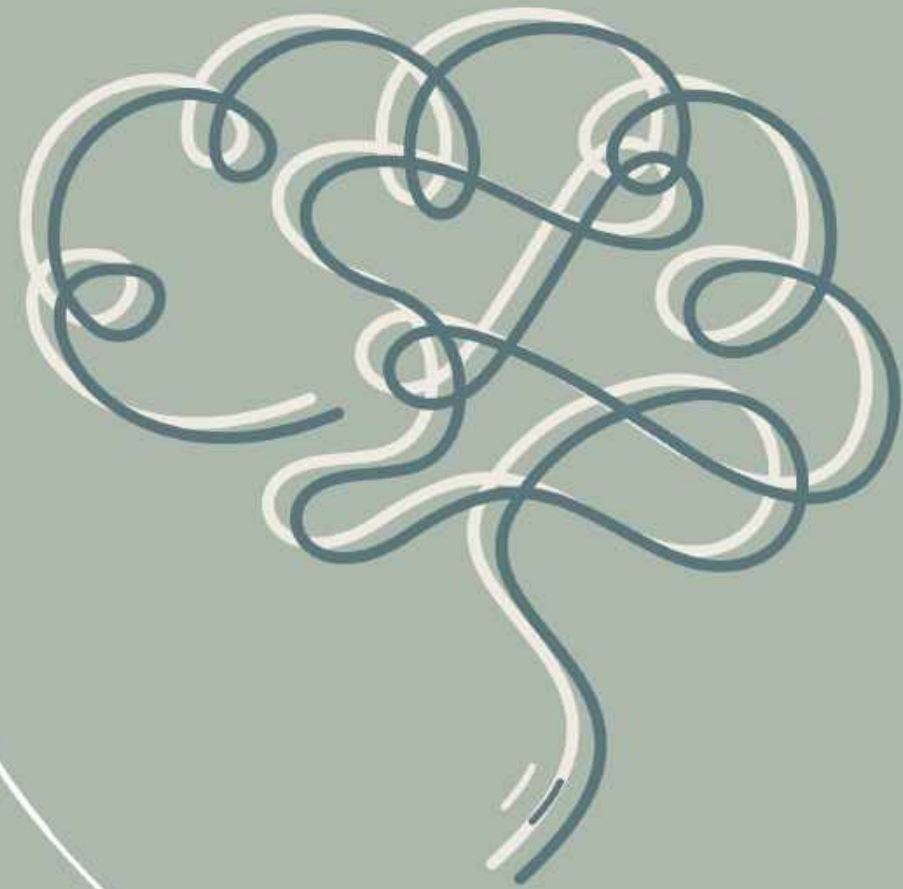
- The walls between biology (genetics) and our environment are thinner and more reciprocal than we used to think
- Early environment and life experiences affect our genetic “on/off” switches
 - DNA accumulates chemical marks that determine how much or little of the gene is expressed.
 - Different experiences rearrange those chemical marks, affecting behavior, skill, health, etc.
- Impacted by positive experience: supportive relationships, attachment, nutrition, learning...
- And negative experiences: toxins, neglect, abuse, etc.
 - Ex: intergenerational trauma

EPIGENETICS



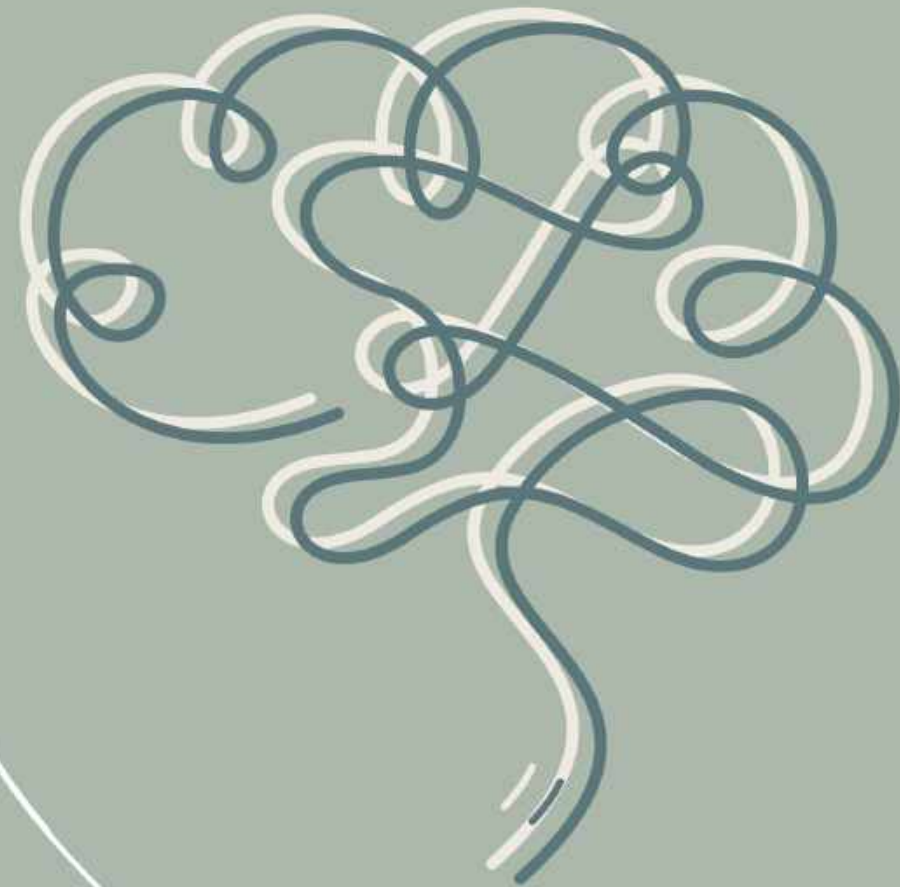
- Parental Attachment style can contribute to individual differences in stress responses in the brain
- Effect memory, attention, & emotion
- Early traumatic stress can result in lasting increase in one's physiological stress response (high sensitivity + slow return to baseline)
- Adaptive in a continuously stressful environment, but what if the environment changes?
- The benefit of early & consistent intervention

NEUROSEQUENTIAL DEVELOPMENT

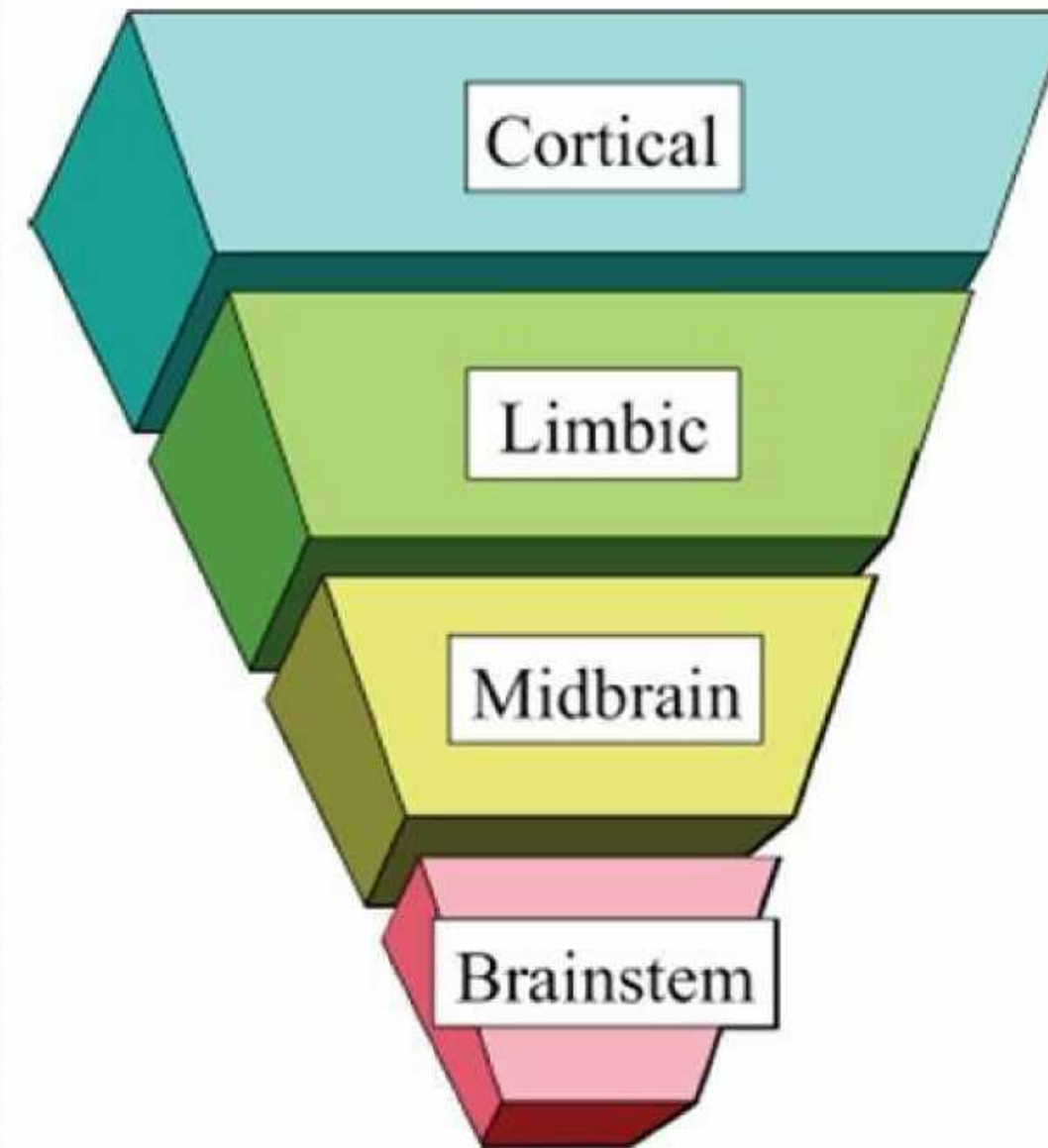


- Developmentally sensitive, neuroscience informed approach to therapeutics
- Core Theory:
 - The brain evolved in a specific order (bottom-up): reptilian brain > mammalian brain > human brain
 - The brain develops throughout the lifespan in the same order (bottom-up) with functional systems and developmental tasks "stacking" on top of the previous system

NEUROSEQUENTIAL DEVELOPMENT

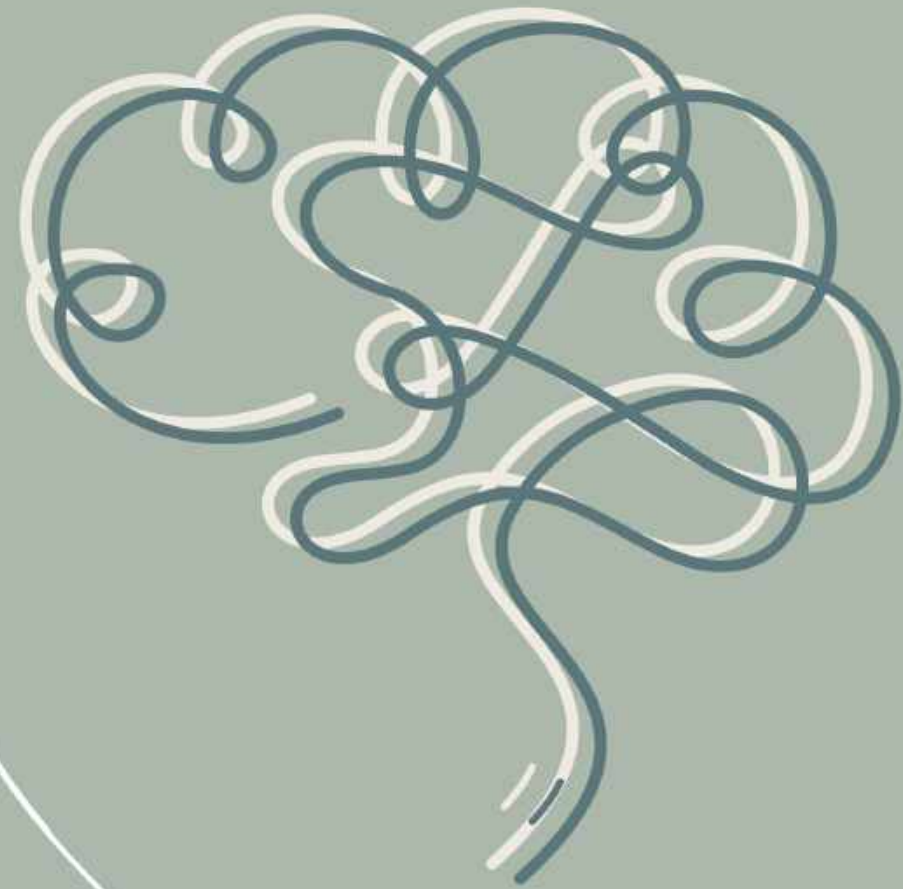


Bruce Perry's Hierarchy of Brain Function



Abstract thought
Concrete Thought
Affiliation
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

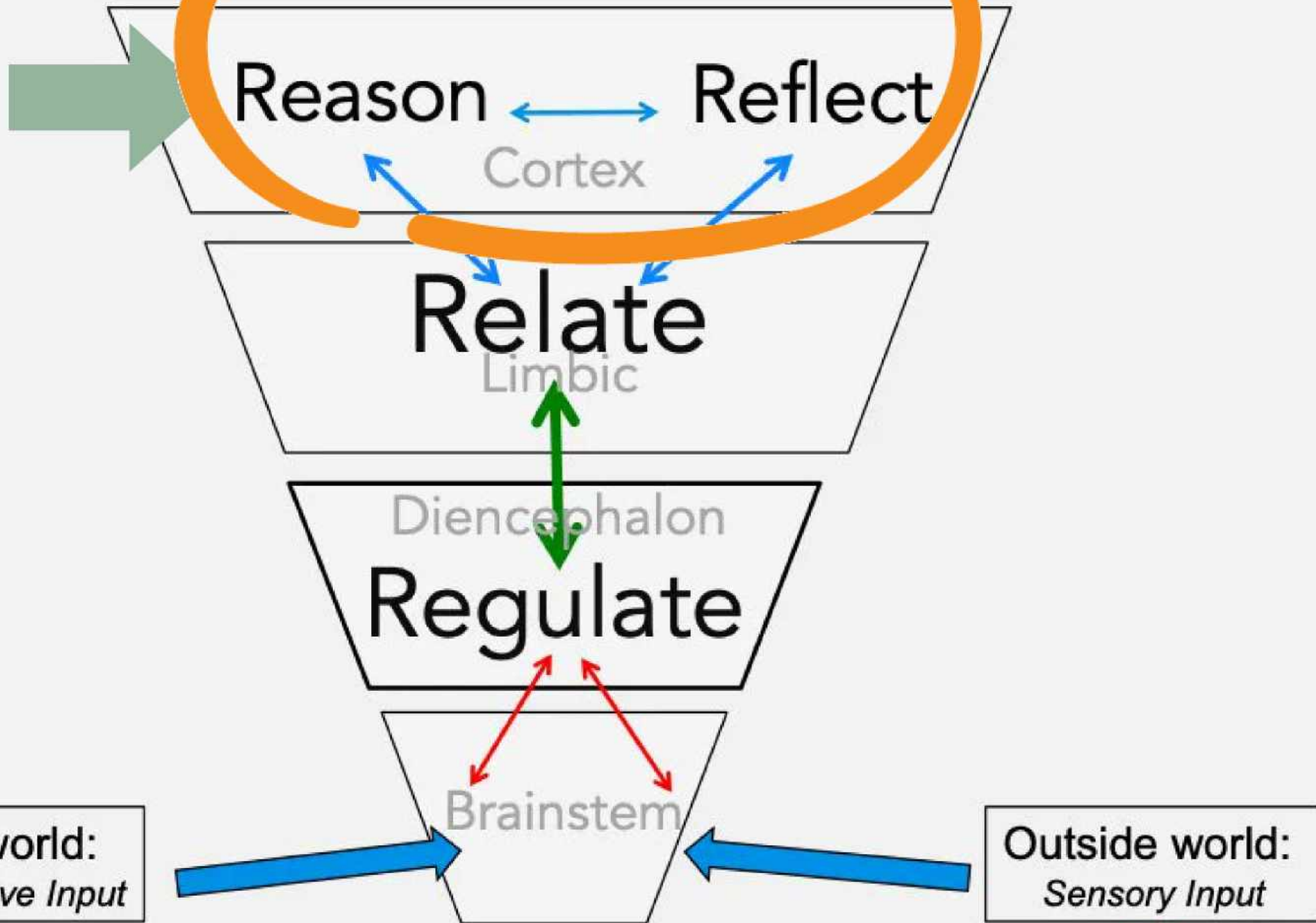
NEUROSEQUENTIAL DEVELOPMENT



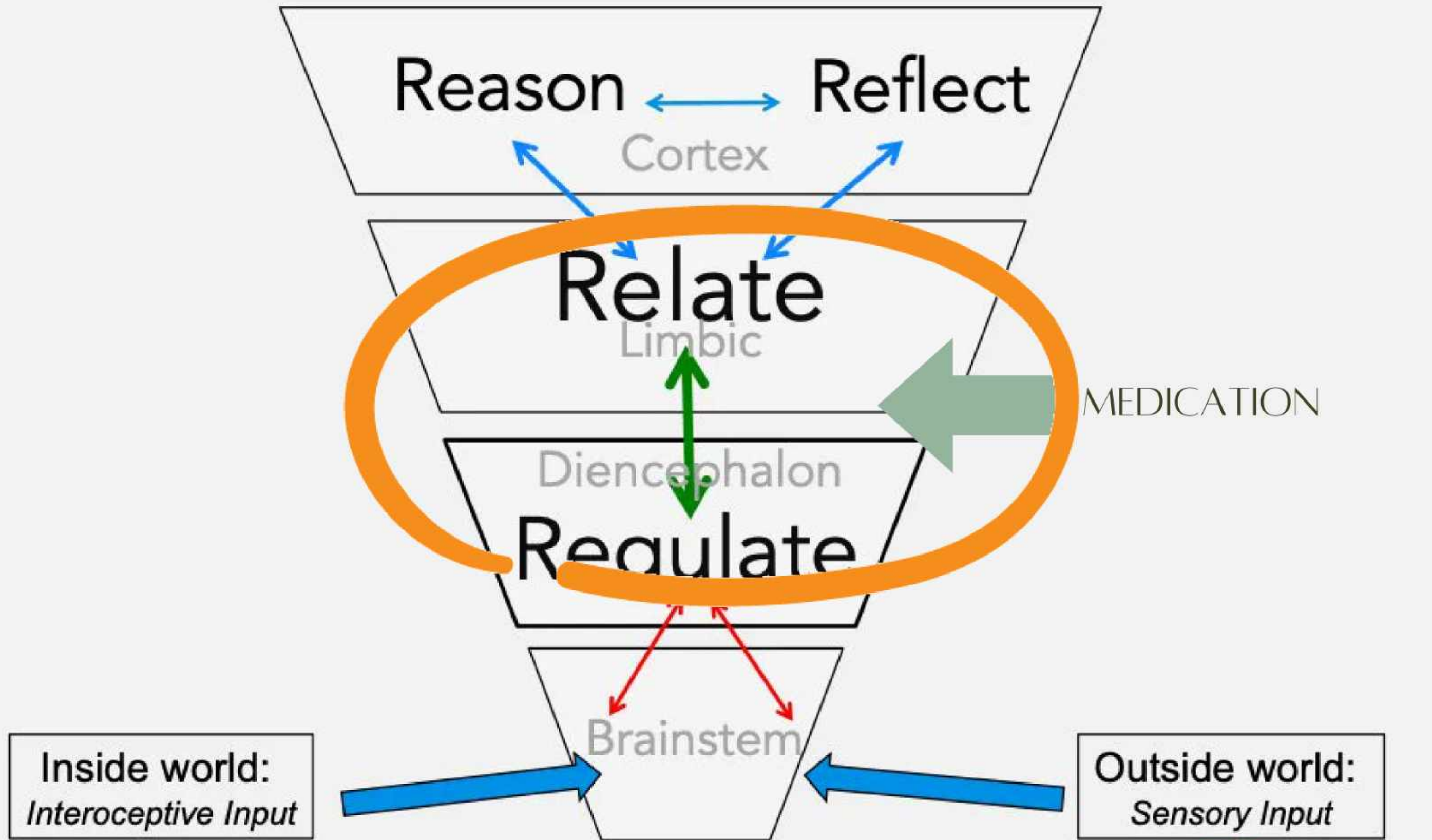
- Big events or disruptions (e.g. trauma and/or attachment disruptions) can lay a disrupted foundation for the next system, especially when these events happen early in life
- This has both physical (speech delays, motor delays, interoceptive challenges, etc) and psychological (intrusive trauma symptoms, emotion dysregulation, difficulty with peer relationships, etc) implications
- Because these disruptions disrupt development from the bottom-up, intervention is most effective when framed from a bottom-up perspective

"SILOED" INTERVENTION

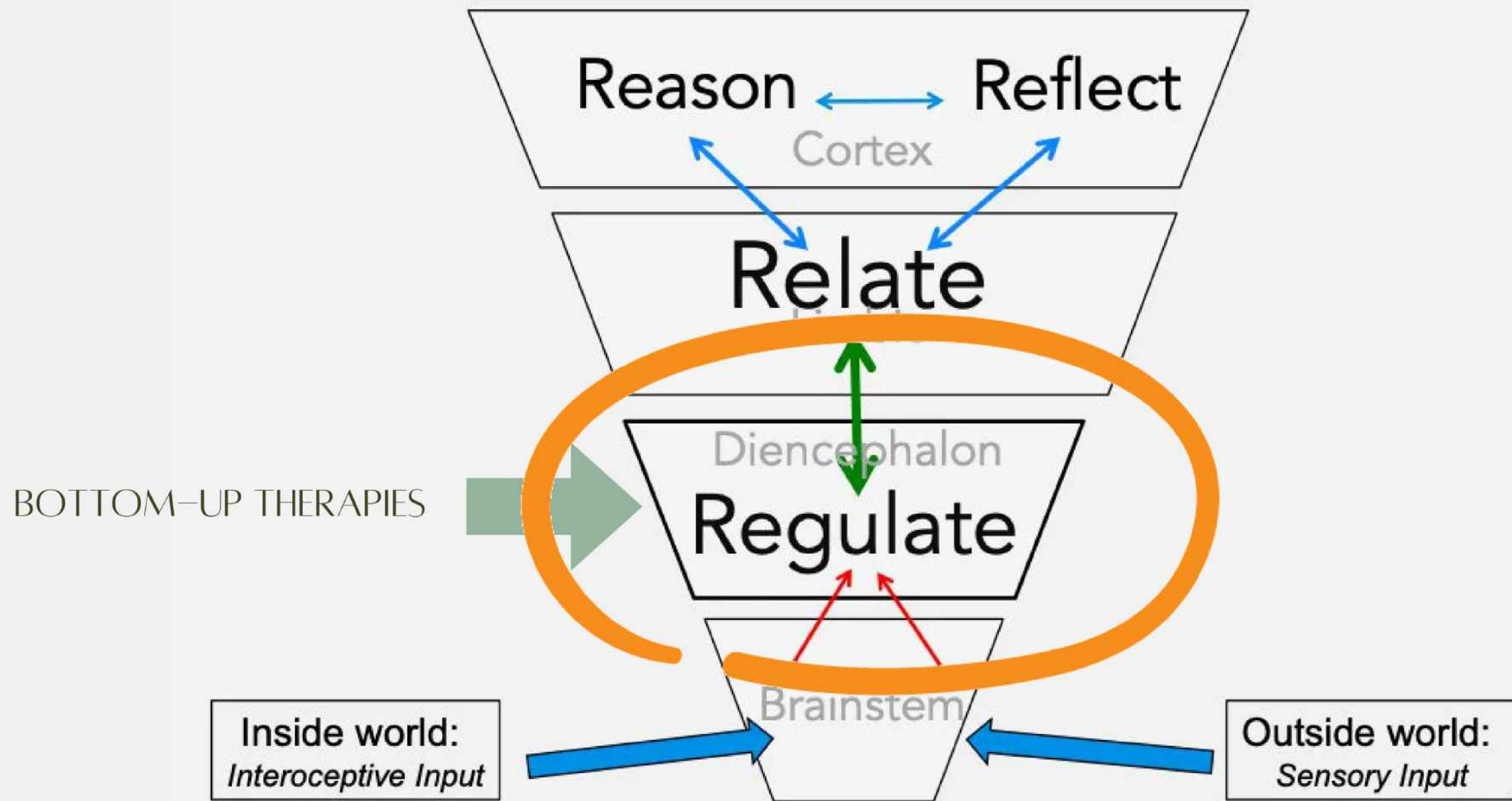
"JUST TALK" THERAPY



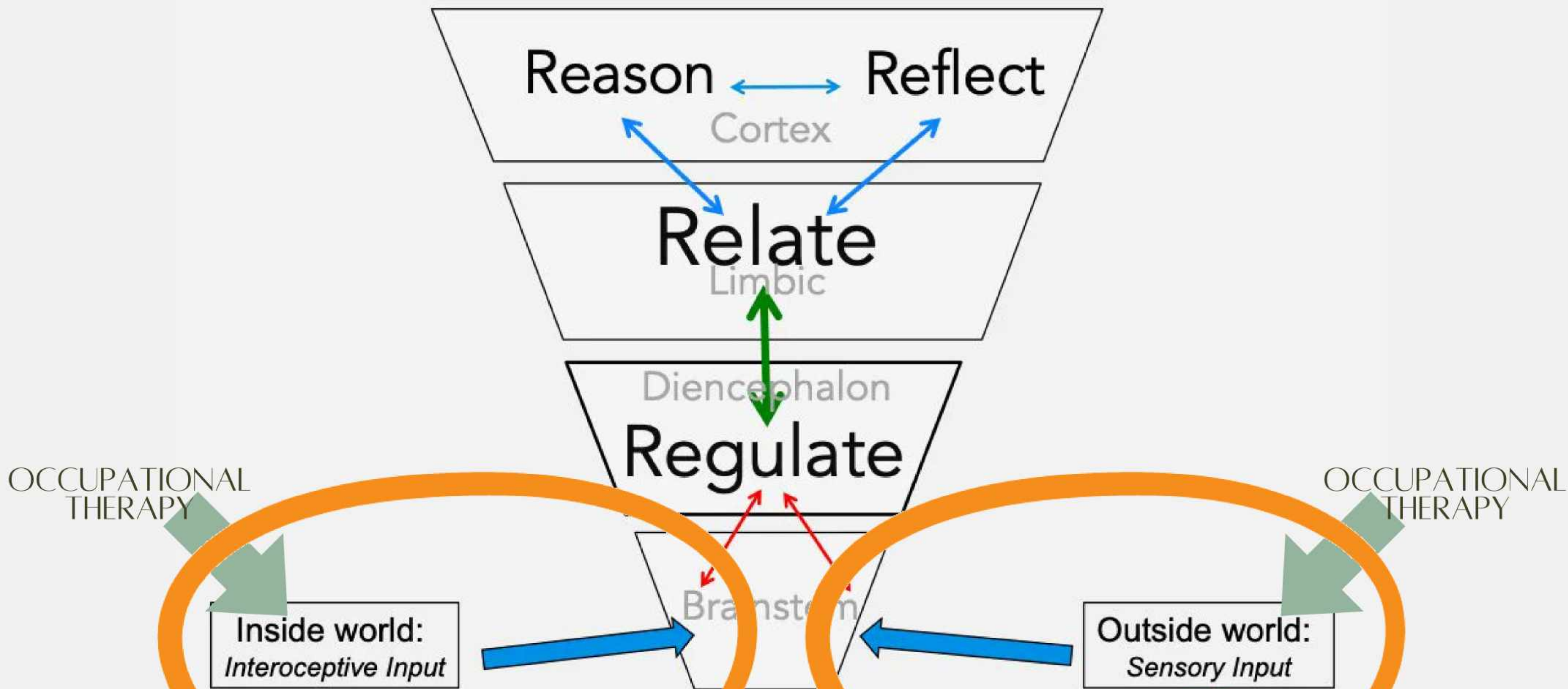
"SILOED" INTERVENTION



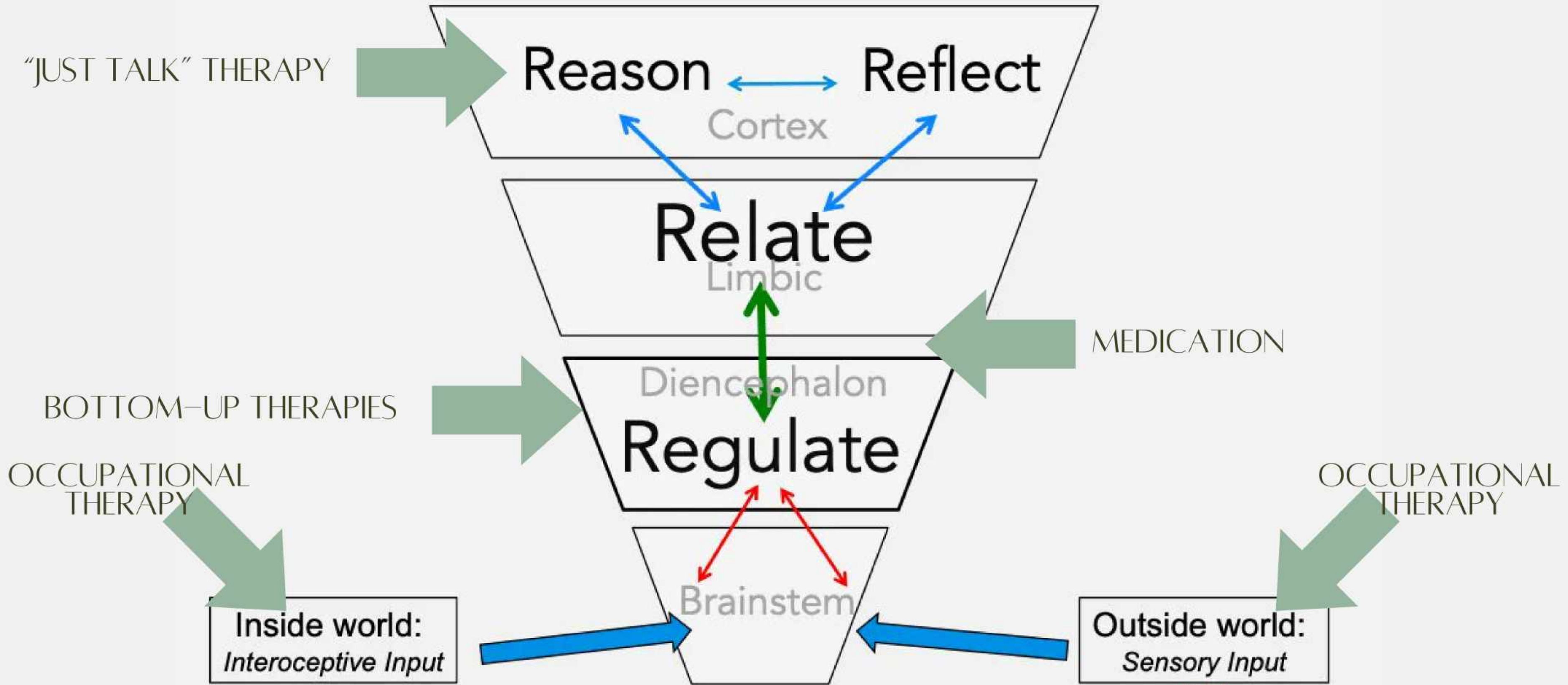
"SILOED" INTERVENTION



"SILOED" INTERVENTION



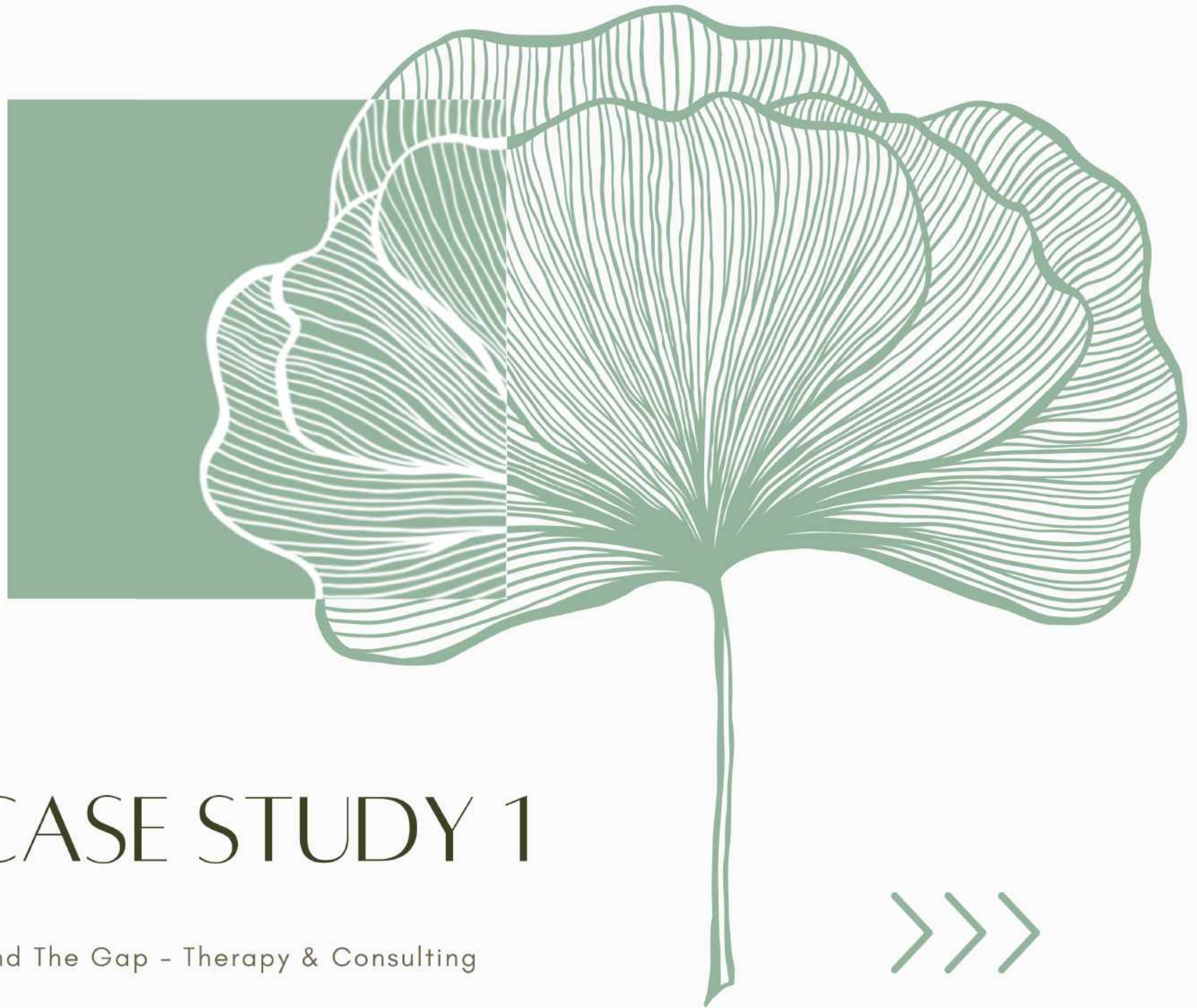
INTERDISCIPLINARY INTERVENTION



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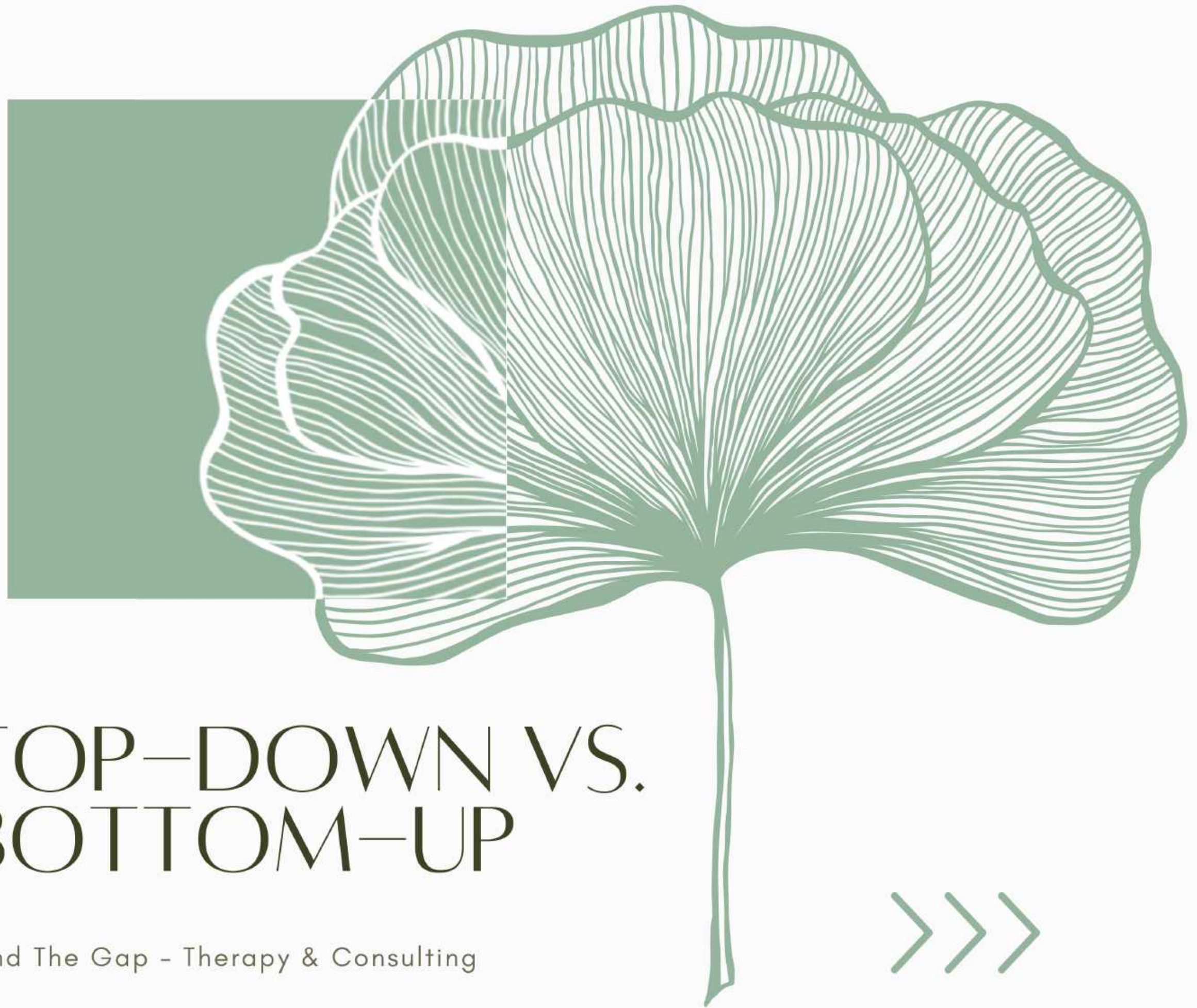




CASE STUDY 1

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TOP-DOWN VS. BOTTOM-UP

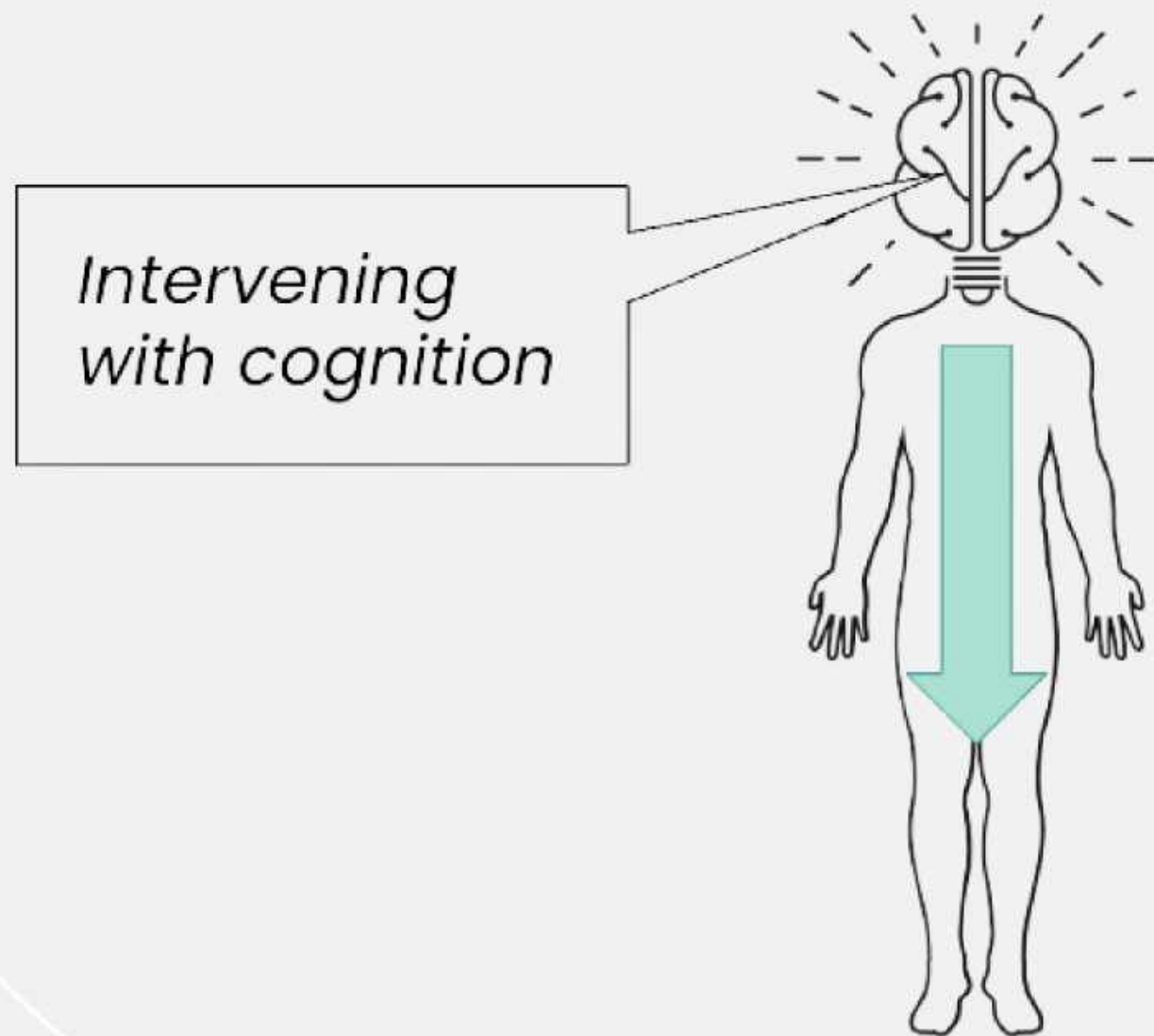
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PSYCHOTHERAPY & TRAUMA

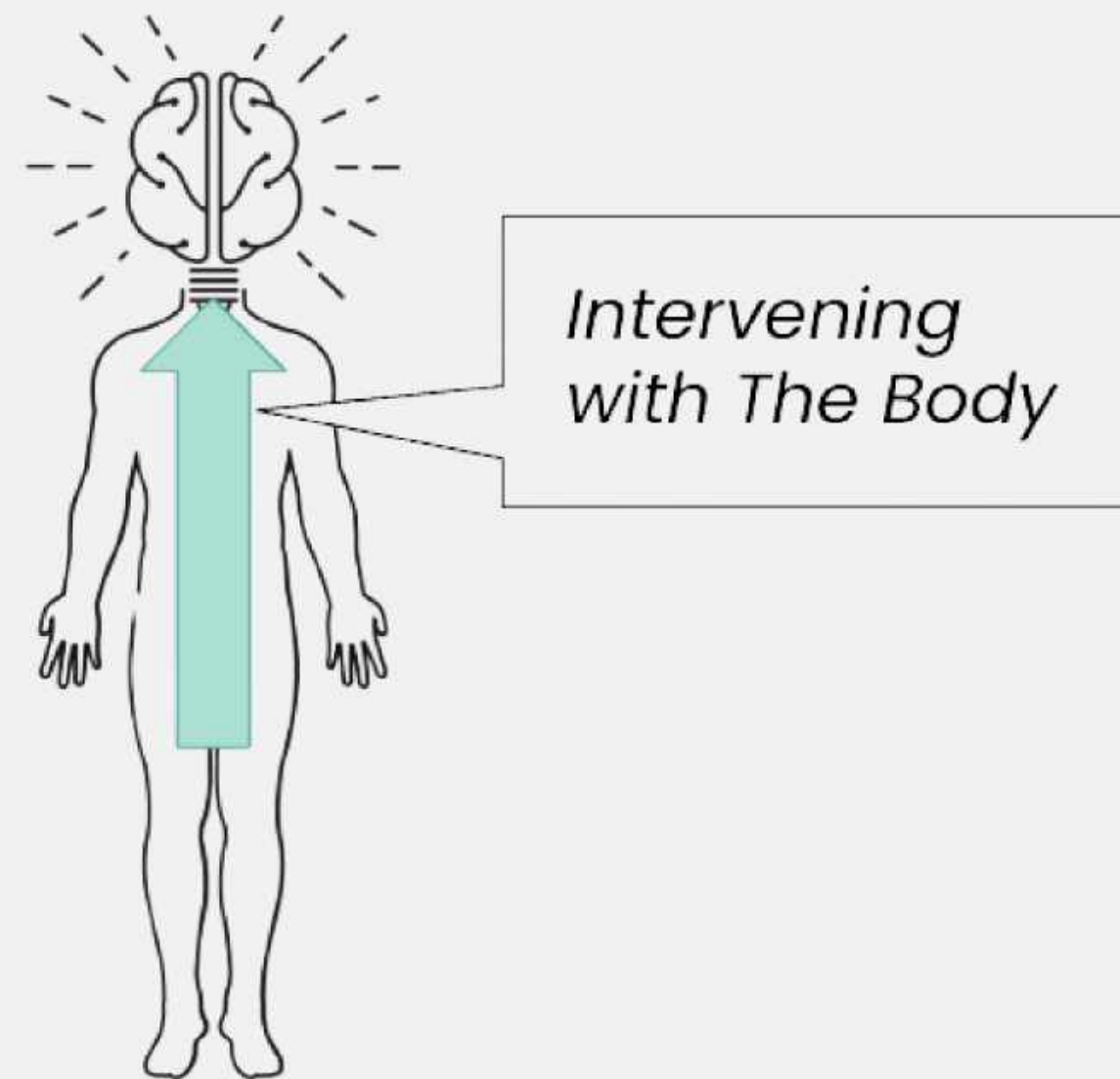
TOP-DOWN PSYCHOTHERAPY

Thinking Our Way Out



BOTTOM-UP PSYCHOTHERAPY

Feeling/Acting Our Way Out



TOP-DOWN PSYCHOTHERAPY

INSIGHT FOCUSED

Focuses on understanding symptoms/behavior, identifying triggers, making connections to past

SYMPTOM FOCUSED

Ex: depression, anxiety, sleep issues, lack of support system, employment issues, etc

SKILLS & PROBLEM SOLVING

On-board tools and practice, practice, practice. Remember PFC impairment

STABILIZATION

Can be incredibly instrumental in reducing symptoms and increasing stability.

COGNITION CENTERED

Often targets thinking and beliefs. Very "change" heavy

EXAMPLES:

CBT, DBT, ACT, Psychodynamic, Motivational Interviewing, Solution Focused

BOTTOM-UP PSYCHOTHERAPY

RAPPORT & TRUST

THE most important aspect of care. Trauma is a violation of trust, safety must be re-established & monitored

CAUSE FOCUSED

Ex: exploring core beliefs, trauma timeline, psychoeducation, identifying triggers

HERE-AND-NOW ORIENTATION

The past and the present become blended. Focus is on how trauma shows up in the room

INCREASED ENGAGEMENT AND COGNITIVE FLEXIBILITY

Clients begin to engage in life more and display more self-compassion

BODY CENTERED

Heavy focus on somatic presentation of emotion/trauma.

EXAMPLES:

EMDR, brain-spotting, IFS, Sensorimotor Psychotherapy, etc



CORE SKILLS
DBT SKILLS

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STOP Skill



S_{top}

Do not just react. Stop! Freeze! Do not move a muscle! Your emotions may try to make you act without thinking. Stay in control!

T_{ake a step back}

Take a step back from the situation. Take a break. Let go. Take a deep breath. Do not let your feelings make you act impulsively.

O_{bserve}

Notice what is going on inside and outside you. What is the situation? What are your thoughts and feelings? What are others saying or doing?

P_{roceed mindfully}

Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and feelings. Think about your goals. Ask Wise Mind: Which actions will make it better or worse?



The "STOP" skill is a distress tolerance skill used to help individuals pause and gain control over impulsive or harmful behaviors. It's particularly useful in moments of intense emotions or distress when someone might be inclined to react impulsively.

By practicing the "STOP" skill, individuals can learn to regulate their emotions more effectively and make healthier choices in challenging situations. It's a foundational skill in DBT that promotes self-awareness, impulse control, and intentional action.

WHAT IS
STOP?



TIP Skills: Changing Your Body Chemistry

To reduce extreme emotion mind *fast*.

Remember these as **TIP** skills:

TIP THE TEMPERATURE of your face with **COLD WATER*** (to calm down fast)

- Holding your breath, put your face in a bowl of cold water, or hold a cold pack (or zip-lock bag of cold water) on your eyes and cheeks.
- Hold for 30 seconds. Keep water above 50°F.

INTENSE EXERCISE* (to calm down your body when it is revved up by emotion)

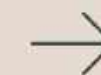
- Engage in intense exercise, if only for a short while.
- Expend your body's stored up physical energy by running, walking fast, jumping, playing basketball, lifting weights, etc.

PACED BREATHING (pace your breathing by slowing it down)

- Breathe deeply into your belly.
- Slow your pace of inhaling and exhaling way down (on average, five to six breaths per minute).
- Breathe *out* more slowly than you breathe *in* (for example, 5 seconds in and 7 seconds out).

PAIRED MUSCLE RELAXATION (to calm down by pairing muscle relaxation with breathing out)

- While breathing into your belly deeply tense your body muscles (*not* so much as to cause a cramp).
- Notice the tension in your body.
- While breathing out, say the word "Relax" in your mind.
- Let go of the tension.
- Notice the difference in your body.



The "TIP" skill is a set of distress tolerance techniques aimed at helping individuals manage overwhelming emotions or crisis situations. "TIP" stands for Temperature, Intense Exercise, Paced Breathing, and Paired Muscle Relaxation. These techniques can be helpful in quickly reducing intense emotions and preventing impulsive or harmful behaviors. Here's a breakdown of each component:

These techniques are designed to be used in moments of crisis or intense distress to help individuals regulate their emotions and make healthier choices. They can be practiced individually or combined depending on the situation.

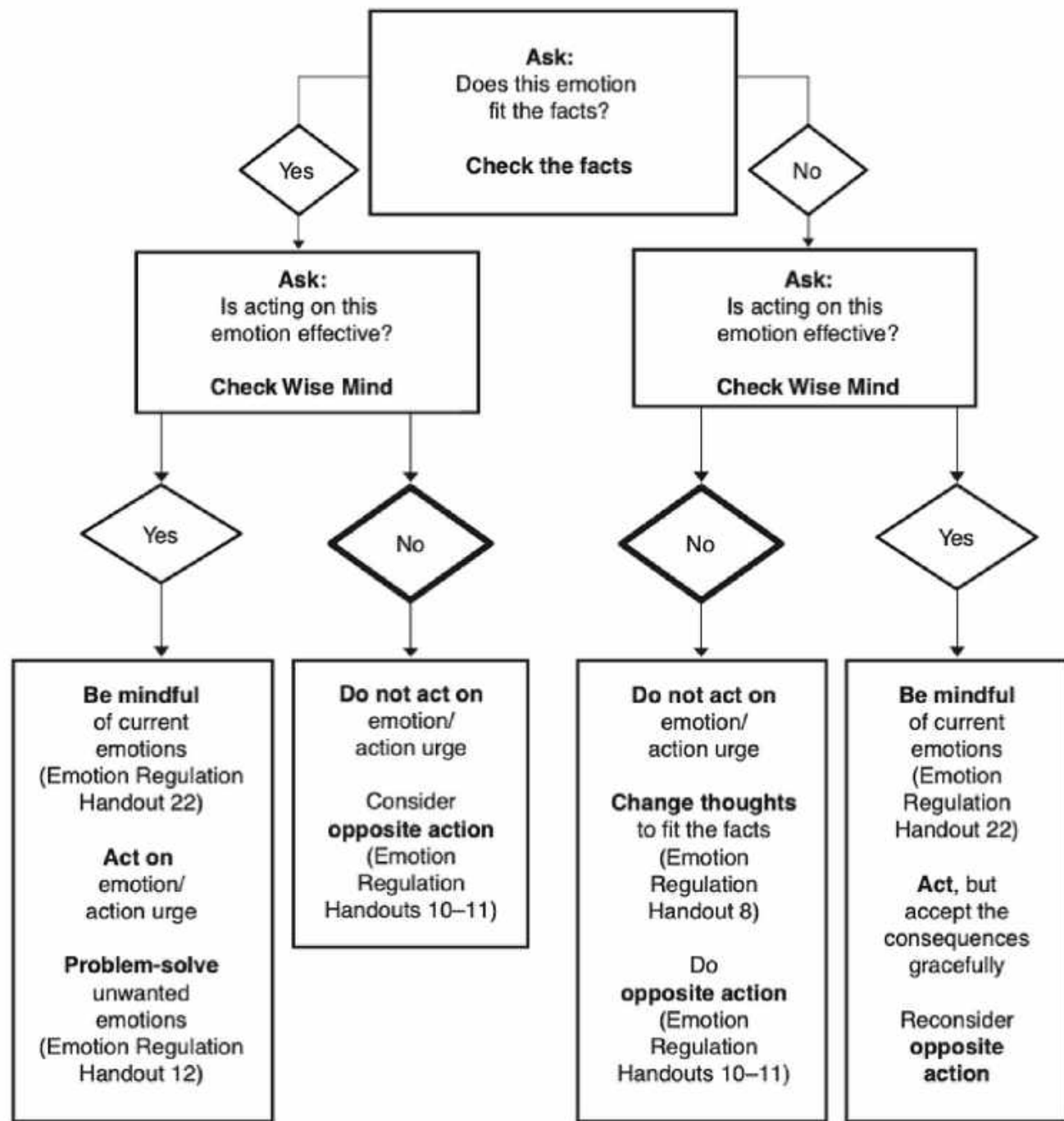
WHAT IS
TIPP?



**Opposite Action and Problem Solving:
Deciding Which to Use**

Opposite action = Acting opposite to an emotion's action urge

Problem solving = Avoiding or changing (solving) a problem event



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Opposite Action is an emotion regulation technique used to effectively manage and change unwanted emotions, particularly those that are maladaptive or unhelpful.

This skill hinges on the idea that behavior reciprocally influences emotion and cognition. When we act opposite to our emotional action urge, we reduce the intensity of what we're feeling.

For example, if someone feels the urge to withdraw and isolate themselves when they're feeling anxious, the opposite action might involve reaching out to a friend for support or participating in a social activity. By acting opposite to the urge to withdraw, they can interrupt the pattern of avoidance and build connections that help alleviate their anxiety.

WHAT IS OPPOSITE ACTION?



Guidelines for Relationship Effectiveness: Keeping the Relationship (GIVE)

A way to remember these skills is to remember the word GIVE (DEAR MAN, GIVE):

- (Be) Gentle
(Act) Interested
Validate
(Use an) Easy manner

- (Be) Gentle: BE NICE and respectful. No attacks, No threats, No judging, No sneering.
(Act) Interested: LISTEN and APPEAR INTERESTED in the other person. Listen to the other person's point of view.
Validate: With WORDS AND ACTIONS, show that you understand the other person's feelings and thoughts about the situation.
(Use an) Easy manner: Use a little humor. SMILE. Ease the person along. Be light-hearted. Sweet-talk.

Other ideas: _____

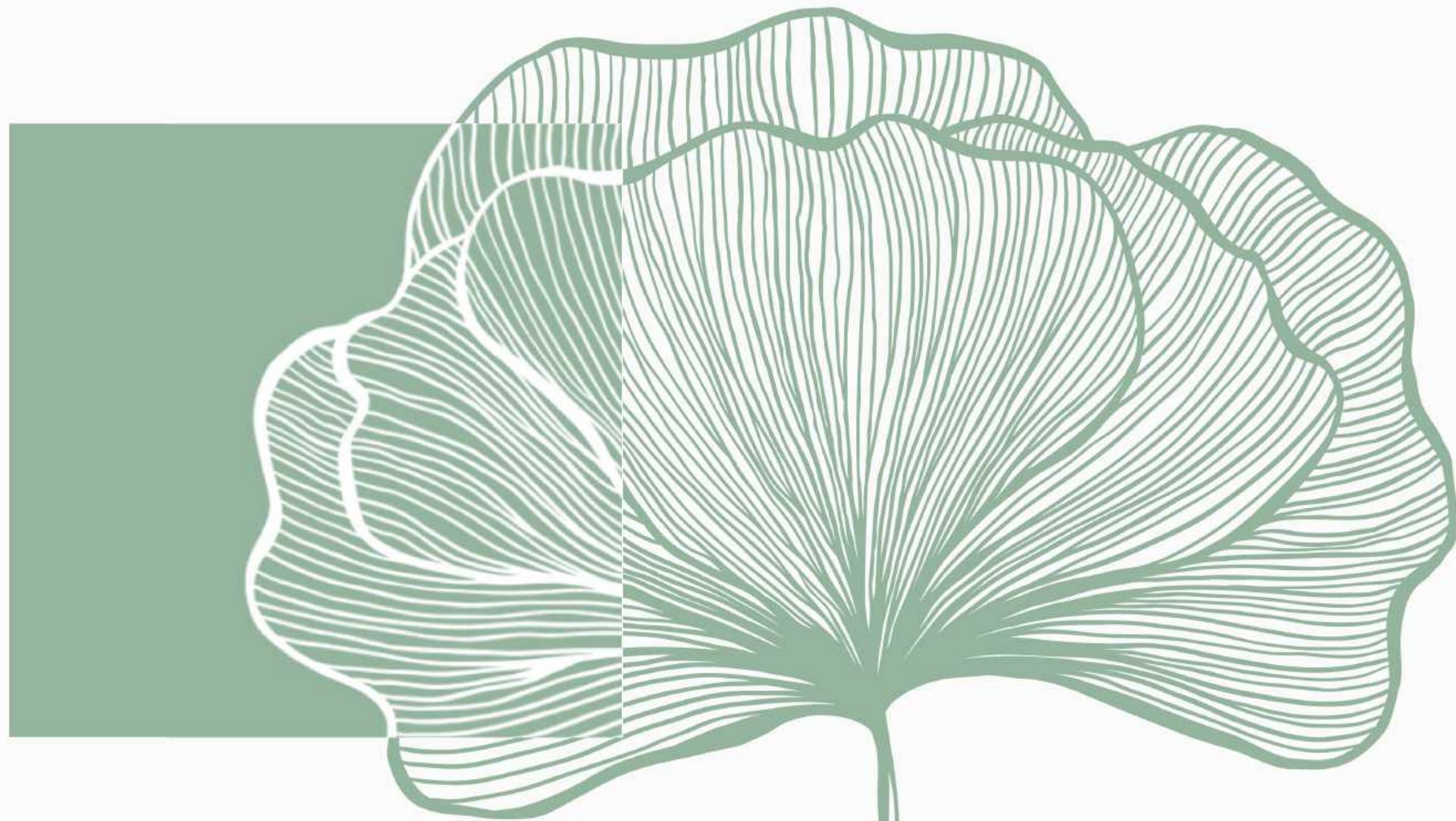
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The GIVE skill is a communication strategy aimed at improving interpersonal relationships and interactions. GIVE is an acronym that stands for Gentle, Interested, Validate, and Easy manner. It's designed to help individuals communicate effectively and assertively while maintaining respect for themselves and others.

By practicing the GIVE skill, individuals can enhance their communication skills, build stronger relationships, and navigate interpersonal conflicts more effectively. It promotes empathy, understanding, and mutual respect, which are essential components of healthy and fulfilling relationships.

WHAT IS GIVE?

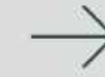


CORE SKILLS
BILATERAL STIMULATION



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WHAT IS BILATERAL STIMULATION?



ALTERNATING STIMULATION OF THE LEFT & RIGHT SIDES OF BRAIN & BODY



Bilateral Stimulation is a key element in therapies like EMDR, but can be utilized independently of trauma processing. BS has been linked to decreased amygdala activity and feelings of relaxation.

Methods:

Eye-Movement, tapping, vibration, biurnal sounds/music.



EXAMPLES OF BILATERAL STIMULATION



BUTTERFLY HUG
Tapping

- 1) Hook the thumbs of the right and left hand together.
- 2) Tap on the collarbones, one hand after the other
- 3) Tap firmly, but not hard enough to cause discomfort



BALL TOSS
Tactile/Visual

Requires at least 2 balls and 2 participants. Toss the balls back and forth, throwing with a different hand than you are catching with.



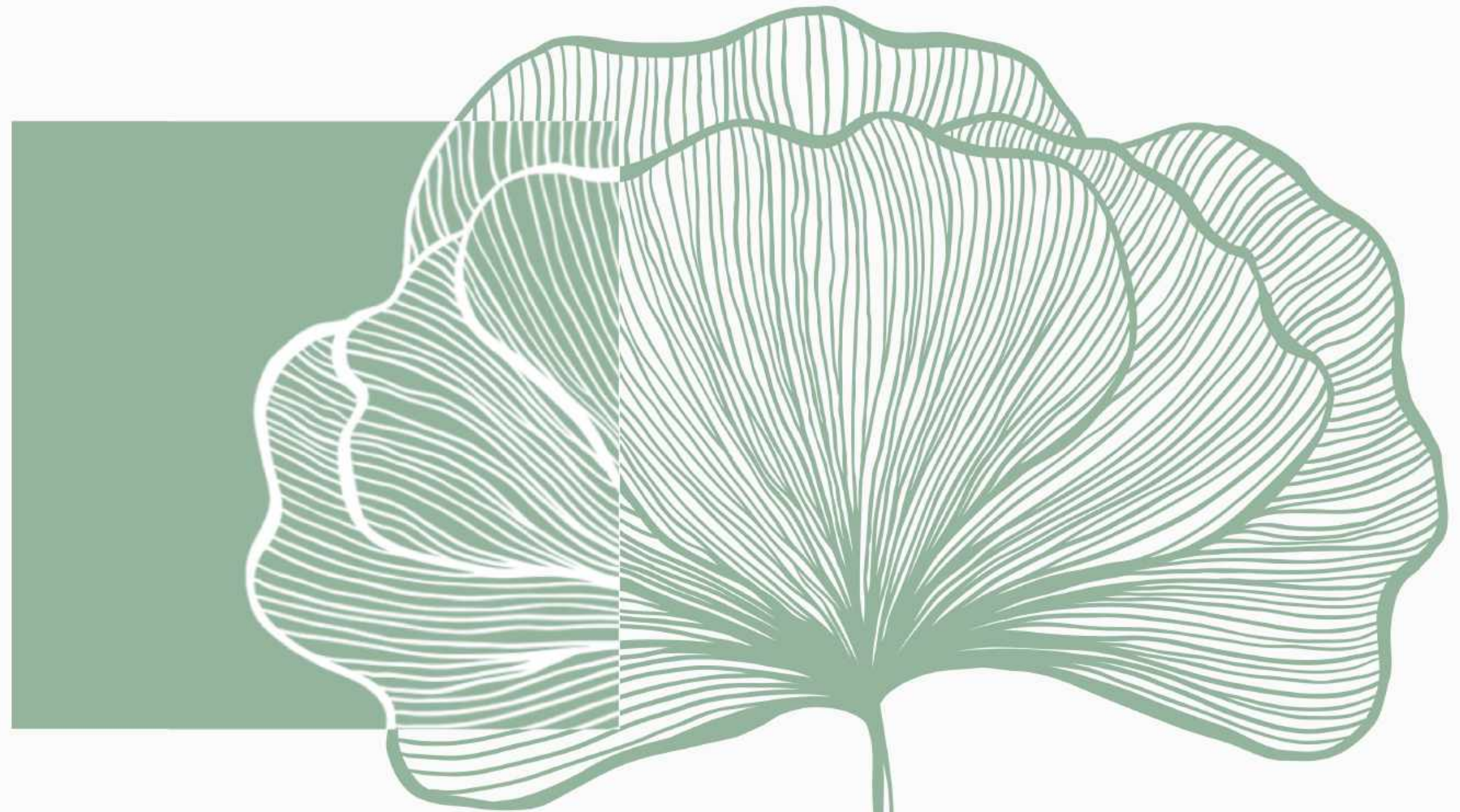
BIURNAL BEATS
Auditory

Spotify, Apple Music, and Youtube have playlists of songs that rotate stimulation between left and right ears. Needs headphones or at least 2 speakers.



BILATERALSTIMULATION.IO
Visual

A free website that prompts clients to watch a ball moving from left to right. Clients can adjust the pace and add sound.



CORE SKILLS
SENSORY STRATEGIES

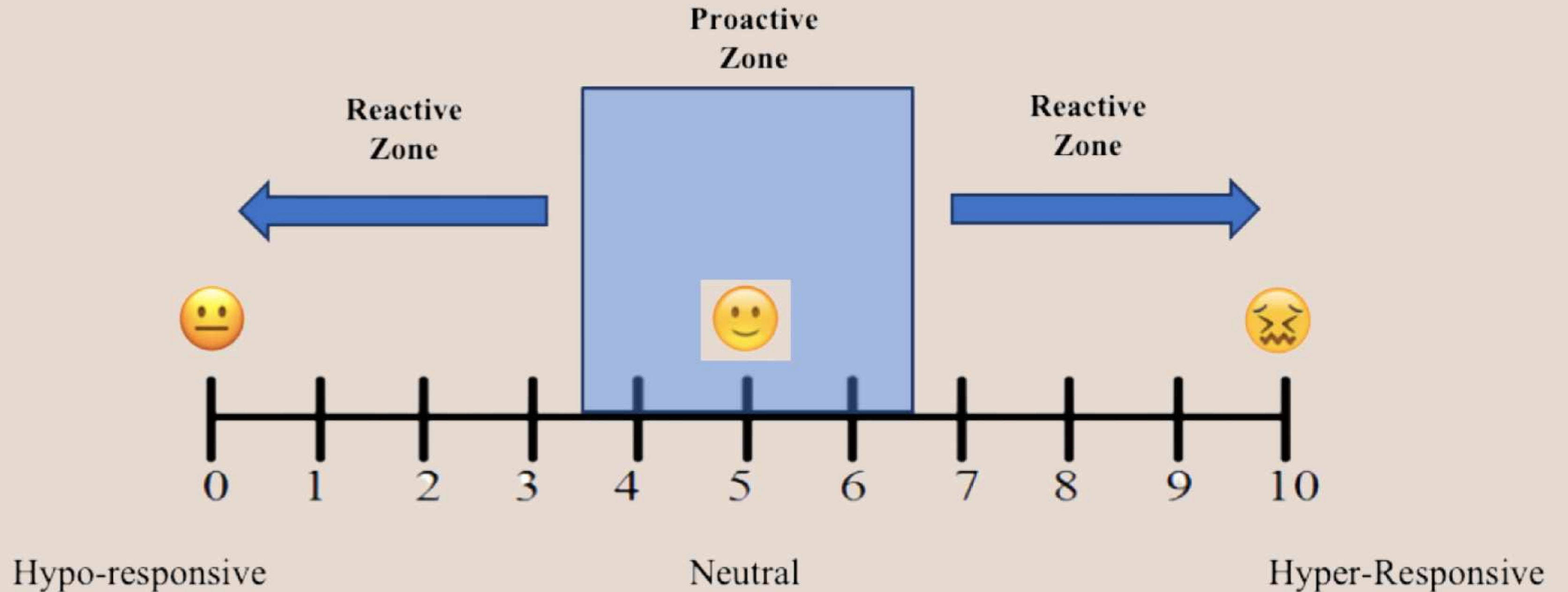
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SENSORY LANGUAGE DEFINED

- Sensory Modulation: refers to the brain's ability to regulate its own activity
 - Knowing how much sensory input to tune into to
- Sensory Regulation: Adjusting sensory input to help maintain balance and arousal levels and the ability to respond to sensory stimuli in the environment.
 - Many clients experience significant dysregulation, especially when healing from trauma
- Sensory Integration: the process by which the brain receives, organizes, and responds to sensory information from the body and environment
 - Sometimes referred to as Sensory Processing
 - Must incorporate function when addressing
 - Intervening with Sensory Integration techniques is highly specialized to OT

THE RESPONSIVENESS SCALE



THE EIGHT SENSES



Tactile



Auditory



Gustatory



Olfactory



Vision



Proprioception



Vestibular



Interoception

UTILIZING SENSORY STRATEGIES

- Start by making sure clients understand emotional regulation
- Help clients identify strategies that help them feel either stimulated or relaxed
 - Movement: going for a walk, jumping, dance party
 - Music, familiar scents, comfort foods, fidgets, being mindful of clothing, etc
- If you suspect more intense sensory needs: this is a great time to try interdisciplinary collaboration!



OCCUPATIONAL THERAPY REFERRAL

Sensory Supports	Environmental Modifications	Sensory Diet
<ul style="list-style-type: none">• The equipment or tools needed for a client to either reduce or increase sensory input• OT can make recommendations to your client &/or consult with you on these supports	<ul style="list-style-type: none">• Physical modifications to a client's space<ul style="list-style-type: none">◦ putting their sensory supports into practice• EX: dynamic seat, fidgets, weighted blanket, etc	<ul style="list-style-type: none">• Created after extensive assessment and sensory exploration with client• The purpose is to help "feed" the sensory system to assist client in maintaining regulation throughout the day



CORE SKILLS
MEANINGFUL OCCUPATION



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AS DEFINED BY THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

AOTA defines meaningful occupations as everyday activities that people value and find meaningful. These activities can include self-care, leisure, productivity, and other roles such as being a parent, friend, or spouse. Occupations can be done alone or with others, and can take place at home, school, work, or in the community.

AOTA believes that participation in meaningful occupations is a determinant of health and well-being, and that all people have a right to engage in them throughout their lives.

DOMAINS OF OCCUPATION

Activity of Daily Living
(ADL)

Instrumental ADL
(IADL)

Rest and Sleep

Education

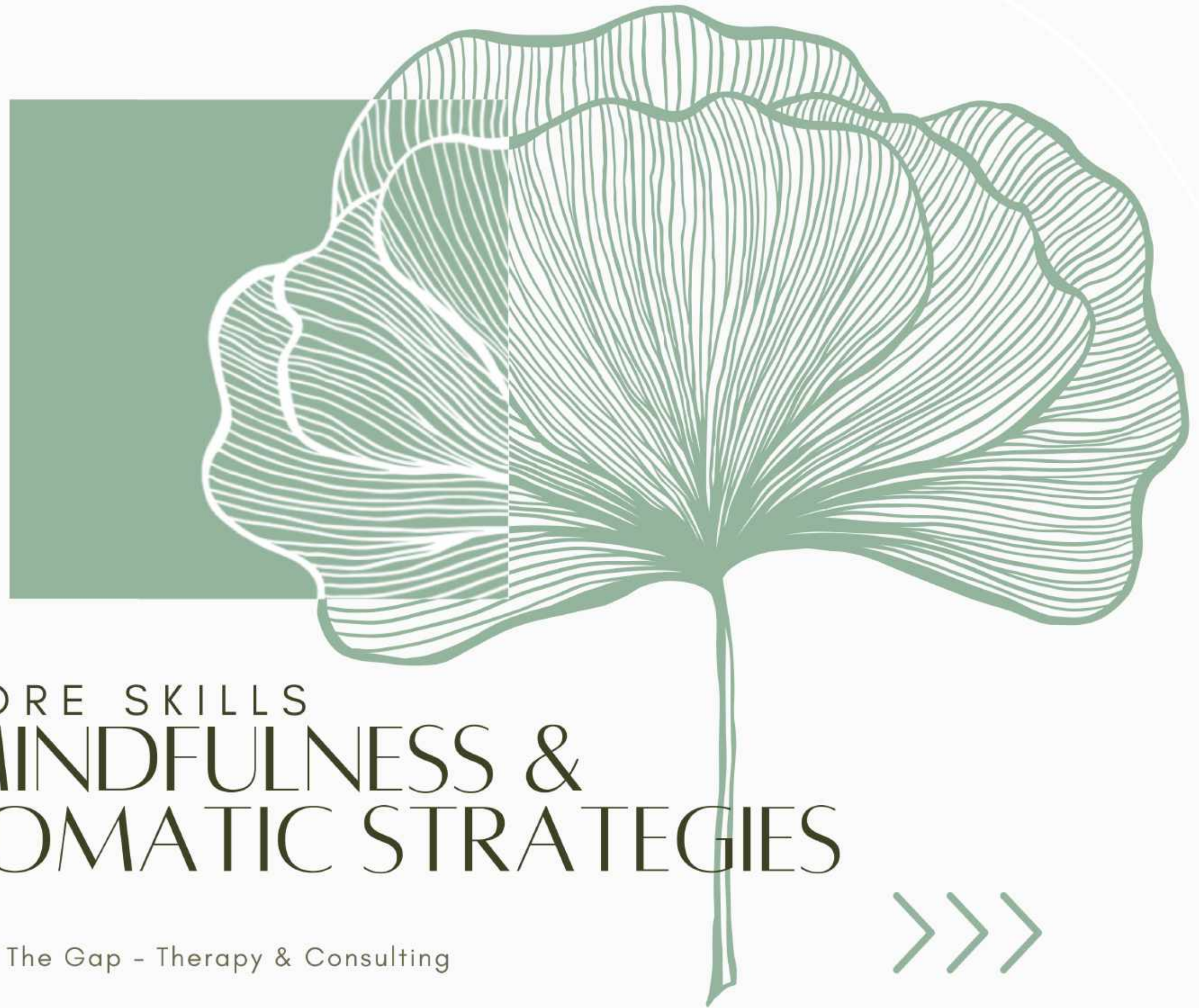
Work

Play

Leisure

Social Participation

Health Management



CORE SKILLS
MINDFULNESS &
SOMATIC STRATEGIES

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Mindfulness practices offer valuable therapeutic benefits for trauma survivors by fostering increased self-awareness, emotional regulation, acceptance, and non-judgment. Through mindfulness, individuals learn grounding techniques to manage dissociation or flashback symptoms and reduce reactivity to triggers, promoting a sense of security and stability. Mindfulness encourages cognitive flexibility, allowing survivors to challenge maladaptive beliefs and develop long-term coping strategies for managing trauma-related symptoms.



WHAT IS MINDFULNESS

“Paying attention, on purpose,
without judgement.”

-Jon Kabat Zinn





EXAMPLES OF MINDFULNESS STRATEGIES FOR TRAUMA



ASKING WISE MIND

- 1) Drop into your center
- 2) Find a sense of calm
- 3) Ask wise mind a question
- 4) Listen for an answer, don't make one up.



MAKING SPACE

Notice where an emotion is centered in the body. Identify its size, shape, sound, depth, etc. Imagine that the body is a room. Imagine expanding the walls to make space for this sensation.



SAFE, CALM PLACE

Build a mental space that feels safe and calm. Practice moving through the senses in the space one by one. Notice how the body responds.



MINDFUL MOVEMENT

Trauma often disconnects us from the body. Mindful movement (Tai chi, yoga, etc) can help clients regain ownership of their bodies.



WHAT ARE SOMATIC INTERVENTIONS?

- 01 Body sensation, sensory experience, action urges
- 02 Connect to trauma or pain from the past
- 03 Orientation is the present moment
- 04 "Completing" action or emotional needs
- 05 Help build awareness and distress tolerance





CORE SKILLS
JOYFUL MOVEMENT

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WHATS THE DIFFERENCE? MOVEMENT VS. EXERCISE

60





EXAMPLES OF JOYFUL MOVEMENT



YOGA



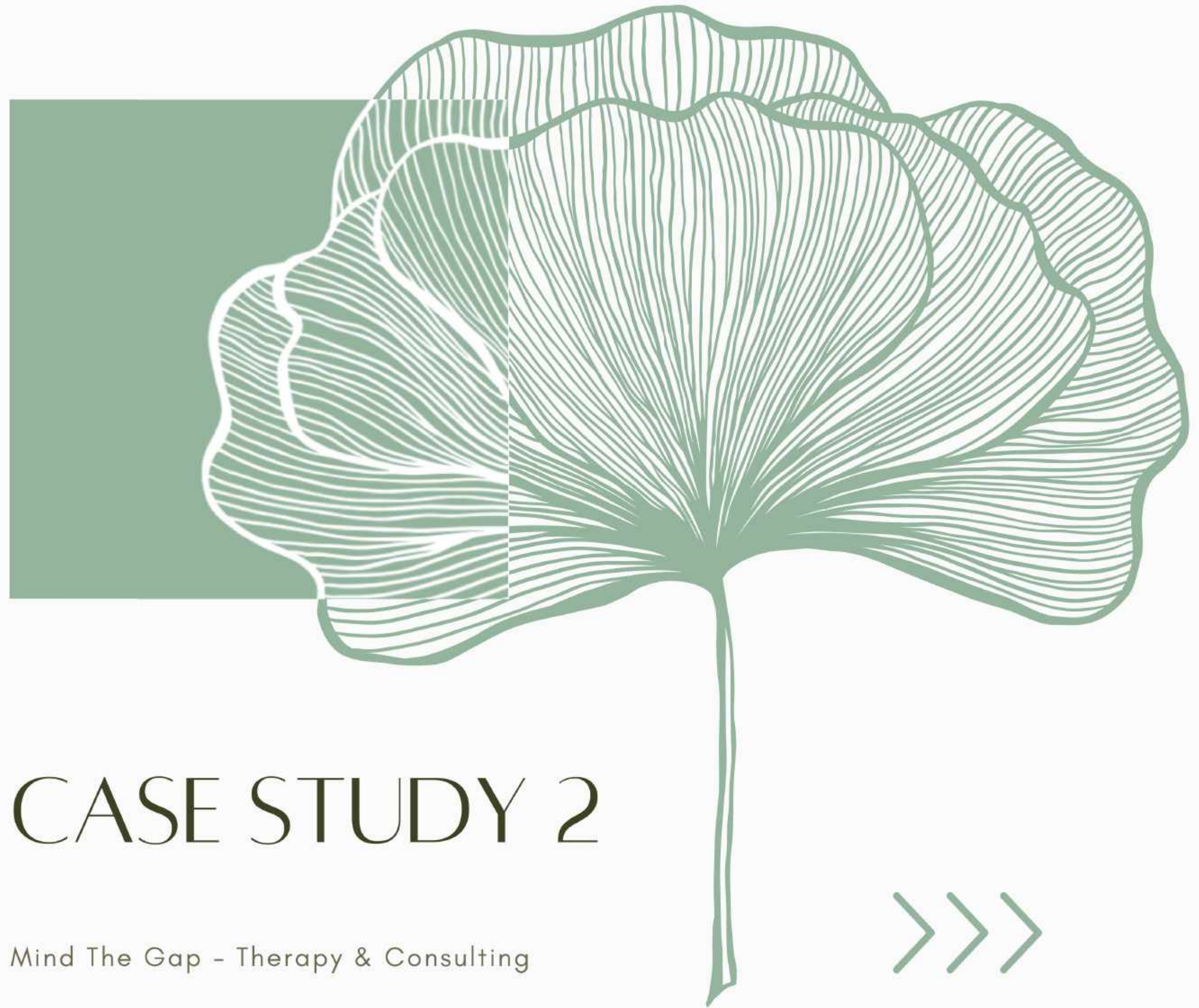
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HULA HOOPING



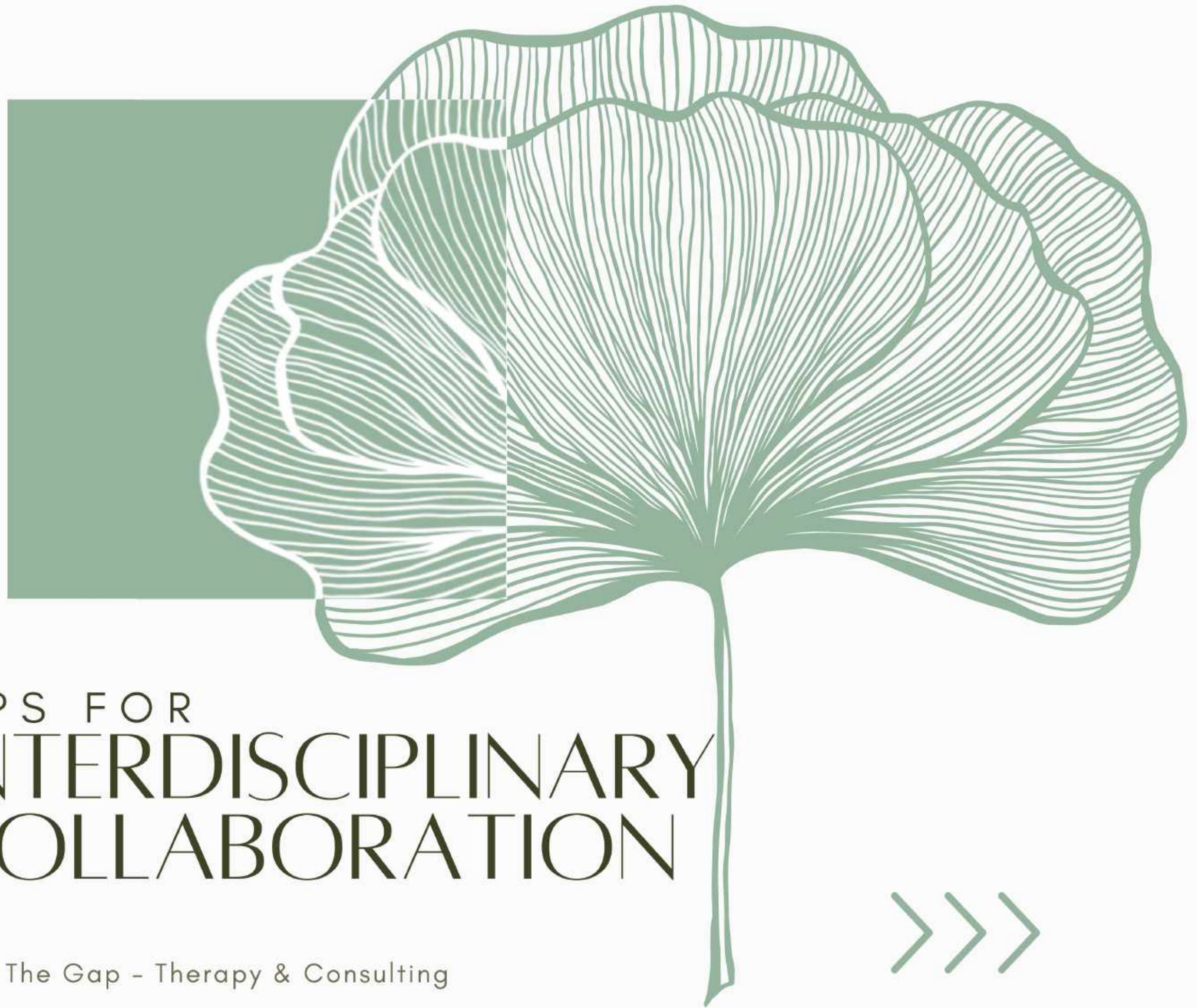
HIKING



CASE STUDY 2

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TIPS FOR
**INTERDISCIPLINARY
COLLABORATION**

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TIPS FOR INTERDISCIPLINARY COLLABORATION



BE A STUDENT



LUNCH & LEARNS



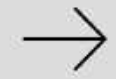
COMMON
LANGUAGE



CONSULTATION
GROUPS

Mind The Gap - Therapy & Consulting

There's inherent value in being a "life-long learner". Interdisciplinary collaboration is more than making a referral. In order to collaborate effectively, we need to know how our collaborators view their clients, think about problems, and arrive at solutions. This depth of knowledge allows us to build a collaborative team that compliments our deficits in knowledge or scope of practice.

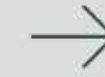


BE A STUDENT



- Ask your collaborator about their scope of practice.
- Practice treatment planning on a hypothetical case together.
- Work through challenges in care with your current clients (take protected information into consideration).

NETWORKING: LUNCH & LEARNS



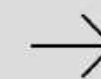
EFFECTIVE COLLABORATION TAKES
PLACE IN RELATIONSHIP.



Collaboration takes a degree of vulnerability and trust: you have to know your own limitations, be willing to showcase them, and be willing to accept feedback

We ask our clients to do the same, but only after we've built a modicum of trust and rapport. This is just as critical in professional relationships!





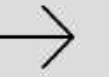
COMMON LANGUAGE

BUILD A

We may be seeing the same clients, but that does not guarantee that we're speaking the same clinical language. Difficulties in professional communication can be linked to specialities, experience, models of care, or depth of knowledge. Common counseling terms like "cognitive distortion" may not mean much to a massage therapist.

When we're trained in professional silos, we may initially have a hard time finding the line between "clinical slang" and "common vernacular". Slow down and put energy into developing a common language that works for your team. This takes time and a willingness to learn on all sides.





INTERDISCIPLINARY COLLABORATION
DOESN'T JUST "GROW ON TREES"

INTERDISCIPLINARY CONSULTATION GROUPS



Odds are: you're not going to just stumble onto a ready made interdisciplinary team. So make one! Do your research, reach out to your network, and take potential team members out to coffee to get to know them.

Interdisciplinary collaboration is a skill. It takes practice to widen our perspective. If we're only practicing every-once-in-awhile when our backs are against a professional wall, we're not going to get very far. A standing group allows for regular practice and perspective taking.





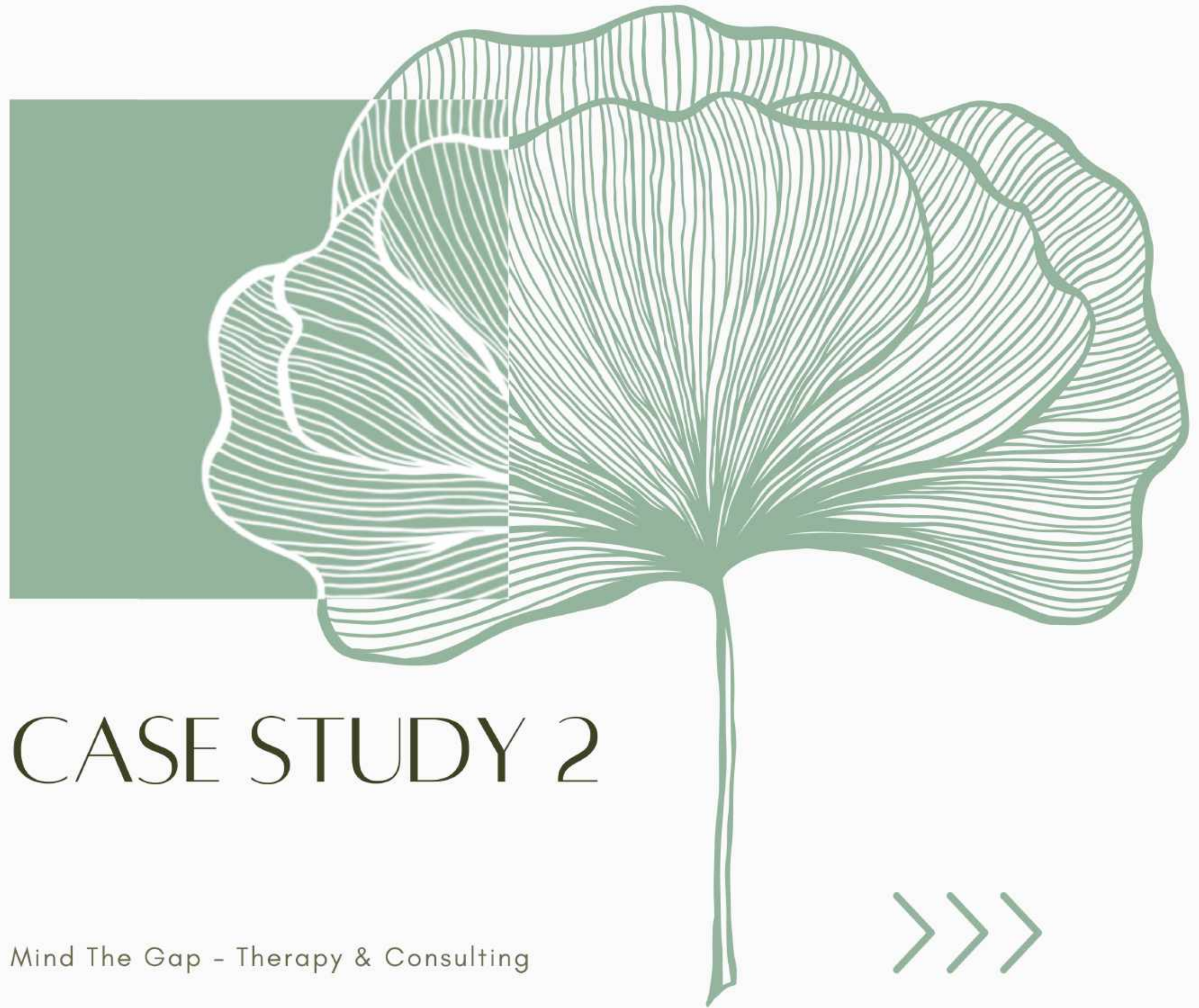
Interdisciplinary collaboration is new for most of us and most clinical settings are not currently built with interdisciplinary collaboration in mind. While it would be ideal to just walk down to hall and stick my head in office of my client'd dietician, most of us have to play phone tag.

The fewer roadblocks down this road we have, the easier these relationships will be to develop.

Having clients complete ROIs as part of your intake paperwork for other providers they're already engaged in care with can be a great example of "roadblock clearing".

We're all busy. Aligning schedules for consultation on mutual clients is already challenging. If I have to chase down my client to have them sign an ROI, it may make an already tedious task one we continuously procrastinate.

PREEMPTIVE
ROI'S



CASE STUDY 2

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QUESTIONS?



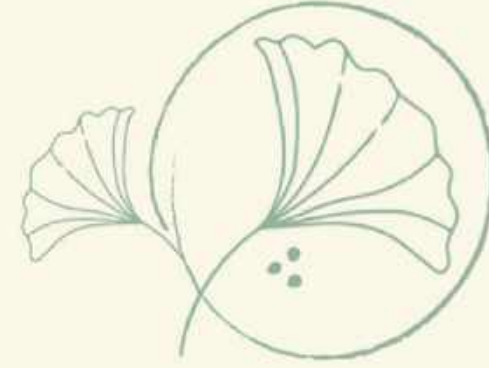
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