

The Dorm: A Community-Based Model of Mental Health Treatment for Young Adults with Self-Reported Trauma

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BACKGROUND

- Emerging adulthood is a significant period of development, marked by vulnerability to the effects of trauma (i.e., mental health issues, suicide attempts, mortality) and an increased need for peer connection and community (Bürgin et al., 2021; Hall-Lande et al., 2007).
- Traumatic experiences (e.g., exposure to violence, abuse, sexual assault) place young adults at heightened risk for adverse outcomes (i.e., suicidal behaviors, substance use, inability to cope with stressors, impulsivity, increased anxiety and depression) (Heinze et al., 2018; Khoury et al., 2010; Price et al., 2013; Roy, 2005; Roy, 2011).
- Research highlights the importance of community (e.g., volunteering, community service, group therapy) for improving self-esteem, reducing psychological distress, and minimizing the isolating effects of interpersonal trauma (Mendelsohn et al., 2008; Wang et al., 2020; Yeung et al., 2018).
- The effects of psychological distress, adversity, and trauma are shown to be minimized with salient interpersonal skills (e.g., forming quality social connections, developing a sense of self-efficacy) (Benight et al., 2015; Gao, 2017; Matud et al., 2020; Sheikh, 2018; Sundborg, 2019).
- High levels of social support can help individuals foster greater resilience against traumatic events, serving as a protective factor for young adults (DaLomba et al., 2022).
- The goal of the present study is to examine the relationship between the effects of community integration (e.g., perceived rejection, self-efficacy) and symptoms of trauma for young adult clients seeking holistic and intensive outpatient mental health treatment.

METHODS

Participants:

- A total of 489 data sets were included in the analysis, across the evaluation time points (i.e., admission, 3 month, 6 month, 9 month, 12 month, discharge).
- All participants were young adults seeking treatment at a holistic intensive outpatient mental health treatment program (mean age=22.42; SD=3.34).

Location:

The Dorm is a holistic intensive outpatient program for young adults, ages 18-35, located in New York City and Washington DC. Program duration is approximately one year, on average. Treatment includes:

- Empirically supported behavioral psychosocial methodologies to serve variance of mental health illnesses and co-occurring disorders.
- Alternative and complementary modalities (i.e., exercise, yoga, reiki, horticulture, community service, social clubs, meditation, mindfulness).

Location (cont.):

- A community clubhouse model that fosters socialization, learning, and relationship-building.
- Clients work with both a therapist and a clinical coach as well as participation in 3-30 hours a week of group therapy, depending on treatment phase.
- Family programming including weekly parent coaching, parent groups and family groups.

Procedures:

- The present study evaluates a long-term, community-based model of mental health treatment for young adults, ages 18-35, with a self-reported history of trauma.
- Participants completed the Structured Interview for PTSD (SIP) and PROMIS assessments (i.e., General Self-Efficacy, Perceived Rejection).
- Multiple multivariate generalized linear models (GLM) were conducted to understand the relationship between SIP sub-factors (physical, interpersonal, intrapersonal, impulse control, social responsibility), rejection, self-efficacy, and type of assessment (e.g., intake, discharge).

Assessments:

PROMIS General Self-Efficacy is a 10-item measure used to assess a person's belief in their capacity to manage daily stressors and have control over meaningful events.

PROMIS Perceived Rejection (Ages 18+) is an 8-item scale that assesses perceptions of rejection (i.e., how often others are bothered by, don't care about, or avoid them) in the past month.

Structured Interview for PTSD (SIP) is a 4-part interview that measures the 17 PTSD criteria according to the DSM-IV, including survival and behavioral guilt. Items in this assessment rate frequency and intensity of symptoms in the past month (Davidson et al., 1997).

RESULTS

- 61% of clients who admit to The Dorm have a self-reported history of trauma.
- A multivariate GLM was conducted to understand the relationship between SIP sub-factors (physical, interpersonal, intrapersonal, impulse control, social responsibility), rejection, self-efficacy, and type of assessment (e.g., intake, discharge).
- Significant findings were noted between all five subscales and rejection as well as self efficacy.
- Moreover, significant findings were noted between rejection and self-efficacy within physical and intrapersonal sub-scales.
- Overall significance was not seen between the combined effect of assessments and type of assessment.

RESULTS

Table 1. Correlational Table of Psychometrics

	Rejection	Self-Efficacy	SIP Physical	SIP Interpersonal	SIP Intrapersonal	SIP Impulse Control	SIP Social Responsibility
Rejection	1						
Self-Efficacy	-.274**	1					
SIP Physical	.369**	-.303**	1				
SIP Interpersonal	.365**	-.402**	.683**	1			
SIP Intrapersonal	.329**	-.323**	.771**	.596**	1		
SIP Impulse Control	.384**	-.302**	.779**	.636**	.750**	1	
SIP Social Responsibility	.391**	-.166**	.698**	.542	.686**	.726**	1

** Correlation is significant at the 0.01 level (2-tailed).

Table 2. Generalized Linear Models for Rejection and Self-Efficacy

Source	Dependent Variable	Sig.
Rejection	SIP Physical	<.001
	SIP Interpersonal	<.001
	SIP Intrapersonal	<.001
	SIP Impulse Control	<.001
	SIP Social Responsibility	<.001
Self-Efficacy	SIP Physical	.023
	SIP Interpersonal	<.001
	SIP Intrapersonal	.004
	SIP Impulse Control	.004
	SIP Social Responsibility	.049
Rejection * Self-Efficacy	SIP Physical	.024
	SIP Interpersonal	.439
	SIP Intrapersonal	.018
	SIP Impulse Control	.264
	SIP Social Responsibility	.093

DISCUSSION

Clinical Implications:

- The Dorm's programmatic focus on community integration (e.g., participation in social clubs) and interpersonal as well as intrapersonal skill-building (e.g., improving self-efficacy) are strongly related to reduction of trauma symptoms.
- Given the psychological complexity in treating trauma, these findings support a holistic and community-based approach to treatment.
- Future research is needed to validate the efficacy of community-based models of care for young adults with trauma.

LIMITATIONS

- This is a singular cross-sectional research design without randomization or controlling of populations. Future studies should utilize a randomized controlled trial across this population.
- This study is limited to a convenience sample (clients in The Dorm program), thus hard to generalize across other populations.

REFERENCES

- Benight, C. C., Shoji, K., James, L. E., Waldrep, E.E., Delahanty, D.L., Cieslak, R. (2015). Trauma coping self-efficacy: A context specific self-efficacy measure for traumatic stress. *Psychological trauma: theory, research, practice and policy*, 7(6), 591-599. doi:10.1037/tra0000045.
- Bürgin, D., Boonmann, C., Schmeck, K., Schmid, M., Tripp, P., Nishimi, K. and O'Donovan, A. (2021). Compounding Stress: Childhood Adversity as a Risk Factor for Adulthood Trauma Exposure in the Health and Retirement Study. *Journal of Traumatic Stress*, 34, 124-136. doi: 10.1002/pts.22617.
- DaLomba, E. J., Bonsaksen, T., Greer, M. J., & Mansur, S. (2022). Changes in study approaches, self-efficacy, and mental health in allied healthcare students during the COVID-19 crisis. *Journal of Occupational Therapy Education*, 6(2). doi: 10.26681/jote.2022.060206.
- Davidson, J. R. T., Malik, M. A., & Travers, J. (1997). Structured interview for PTSD (SIP): Psychometric validation for DSM-IV criteria. *Depression and Anxiety*, 5(3), 127-129. doi:10.1002/(sici)1520-6394(1997)5:3<127::aid-da3>3.0.co;2-b
- Gao, S., Assink, M., Cipriani, A., Lin, K. (2017). Associations between rejection sensitivity and mental health outcomes: A meta-analytic review. *Clinical Psychology Review*, 57, 59-74. doi: 10.1016/j.cpr.2017.08.007.
- Hall-Lande, J., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social Isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42(166), 265-86.
- Heinze, J. E., Cook, S. H., Wood, E. P., Dumadag, A. C., & Zimmerman, M. A. (2018). Friendship attachment style moderates the effect of adolescent exposure to violence on emerging adult depression and anxiety trajectories. *Journal of Youth Adolescence*, 47, 177-193. doi: 10.1007/s10964-017-0729-x.
- Khoury, L., Tang, Y.L., Bradley, B., Cubells, J.F., & Ressler, K.J. (2010). Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population. *Depression and Anxiety*, 27, 1077-1086. doi:10.1002/da.20751.
- Matud M. P., Diaz A., Bethencourt J. M., Ibáñez I. (2020). Stress and Psychological Distress in Emerging Adulthood: A Gender Analysis. *J Clin Med*, 9(9), 2859. doi: 10.3390/jcm9092859.
- Mendelsohn, M., Robin, S. Z., Harney, P. A. (2008). Group Therapy as an Ecological Bridge to New Community for Trauma Survivors. *Journal of Aggression, Maltreatment & Trauma*, 14(1-2), 227-243. doi: https://doi.org/10.1300/J146v14n01_12
- Price, M., Higa-McMillan, C., Kim, S., Frueh, B. C. (2013). Trauma experience in children and adolescents: An assessment of the effects of trauma type and role of interpersonal proximity. *Journal of Anxiety Disorders*, 27(7), 652-660. doi: https://doi.org/10.1016/j.janxdis.2013.07.009
- Roy, A. (2005). Childhood Trauma and Impulsivity: Possible Relevance to Suicidal Behavior. *Archives of Suicidal Research*, 9(2), 147-151. doi: https://doi.org/10.1080/138110590903990
- Roy, A. (2011). Combination of family history of suicidal behavior and childhood trauma may represent correlate of increased suicide risk. *Journal of Affective Disorders*, 130(1-2), 205-208. doi: https://doi.org/10.1016/j.jad.2010.09.022
- Sheikh, M. A. (2018). The potential protective effect of friendship on the association between childhood adversity and psychological distress in adulthood: A retrospective, preliminary, three-wave population-based study. *Journal of Affective Disorders*, 226, 21-27. doi:10.1016/j.jad.2017.09.015.
- Sundborg, S. A. (2019). Knowledge, principal support, self-efficacy, and beliefs predict commitment to trauma-informed care. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(2), 224-231. doi: 10.1037/tra0000411.
- Wang, S., Feng, K., Zhang, Y., Liu, J., Wang, W., & Li, Y. (2020). Antecedents of public mental health during the COVID-19 pandemic: Mediation of pandemic-related knowledge and self-efficacy and moderation of risk level. *Frontiers in Psychology*, 11. doi: 10.3389/fpsyg.2020.567119.
- Yeung, J. W. K., Zhang, Z., Kim, T. Y., (2018). Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Health*, 18(1). doi: 10.1186/s12889-017-4561-8