



[The Trauma Disorders Program](#) is a nationally and internationally recognized program for the treatment of individuals with trauma-related disorders, including dissociative disorders and other complex post-traumatic conditions.

Our specialized, recovery-oriented care includes both inpatient and outpatient clinical services.

Our inpatient program utilizes an intensive multi-disciplinary treatment approach through individual therapy, milieu therapy, and process-oriented, experiential, and psychoeducational group therapies. Our expertly trained treatment team, led by Richard J. Loewenstein, M.D., includes psychiatrists, psychologists, therapists, social workers, nurses, and occupational and art therapists, all of whom specialize in the treatment of traumatized individuals. We provide a structured and supportive environment, with a focus on safety and stabilization, so that the patient is able to step down to other levels of care, both in our continuum and in home communities to continue the recovery process.

Admission to our program is based on an assessment of a variety of clinical criteria to assure that our services are appropriate for the individual. All patients must have an outpatient treatment team (therapist and psychiatrist) prior to admission with whom they can continue to work after discharge.

OUR APPROACH TO TREATMENT

The Trauma Disorders Program's recovery-focused treatment model is based on the widely accepted, three-phase paradigm of trauma treatment that has evidence-based support in the *ISSTD Guidelines for the Treatment of Dissociative Identity Disorder in Adults, 3rd Edition (2011)*; the *ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults (2011)*; and the Treatment of Patients with Dissociative Disorders (TOPDD) prospective research project on treatment outcome for patients with severe [dissociative disorders](#).

- Phase one focuses on the establishment of basic safety for the individual, stabilization of symptoms, and development of coping skills for emotional and self-regulation and for post-traumatic stress disorder (PTSD) and dissociative symptoms.
- Phase two, while also focused on the goals of stabilization and safety, concentrates more directly on emotional recollection and integration of trauma memories.
- Phase three focuses on reconnection and reintegration into the present, as traumatic memories and adaptations no longer dominate the person's life.

INPATIENT TRAUMA DISORDERS UNIT (TDU)

The 22-bed, coed inpatient TDU is designed for patients 18 and older who meet one or more of the following criteria:

- Dangerousness to self or others
- Significant impairment in function due to severe PTSD and/or dissociative symptoms
- Require inpatient consultation and 24-hour monitoring

TDU PROGRAM

The treatment program on the TDU is intensive. The patient's active collaboration and involvement in the recovery process is essential for healing and growth. Our TDU program includes:

- Each patient meets daily with the attending psychiatrist to discuss medication management and medical issues, as well as to assess the patient's psychotherapy progress in meeting their therapeutic goals.
- Each patient receives three, 45-minute individual psychotherapy sessions per week with a trauma therapist.
- The TDU program offers an intensive group therapy program that includes therapy groups at the beginning and end of each day to set and review treatment goals and to discuss appropriate ways to live together while in the therapeutic milieu.
- The TDU offers psychoeducational groups about a variety of topics focused on trauma, PTSD, and dissociation. These include a specialized cognitive behavioral therapy (CBT) group; dialectical behavior therapy (DBT)-based groups; a "process" (psychodynamic) group; specialized art and occupational therapy; groups about family issues and life transitions; and journaling and creative writing groups, among others.
- Each patient is assigned a unit social worker to assist with everyday issues, as well as to conduct couples and/or family therapy, as needed, in order to provide psychoeducation for the patient's loved ones about trauma, PTSD, dissociation, and their role in the patient's recovery.
- Our nursing staff is specially-trained to help each patient develop skills for safety, PTSD, dissociative symptoms, and affect regulation, among others. They work with each patient during each shift to maintain a safe, collaborative milieu. Nursing staff support the patient's therapeutic work, with the goal of teaching the patient to independently manage safety and symptoms. Nursing staff also directly assists each patient with interpersonal skills in the unit milieu.



- All members of the treatment team collaborate to develop a treatment plan that promotes the patient's safety and stabilization. We make a comprehensive evaluation of the patient based on our clinical assessment, consultation with referring providers, psychometric assessment, as necessary, and other relevant data.
- The patient's treatment team meets three times weekly to update assessment and treatment planning. All disciplines are actively involved in the team meeting, as we strongly believe that collaboration best facilitates a comprehensive understanding of the patient's treatment progress and ongoing assessment of the treatment plan.
- We collaborate with the referring outpatient treatment providers at the time of admission, as needed during the hospitalization, as well as around the time of discharge.

OUTPATIENT CLINICAL SERVICES

The Trauma Disorders Program staff provides therapy and consultation services for patients with trauma disorders who are able to function outside the hospital setting.

- Individual psychotherapy
- Group, couples, and family therapy
- Psychopharmacological evaluation and management
- Consultations for diagnostic evaluation and treatment recommendations

To inquire about current availability for outpatient services or for a referral to a community provider, please call **410-938-3584**.

Please note that, at this time, availability for outpatient clinical services is limited.

CHILD AND ADOLESCENT SERVICES

Children and adolescents with trauma-based disorders may present with symptoms such as forgetfulness, poor concentration and difficulty paying attention in school, and rapid changes in mood and behavior, which are easily mistaken for other childhood disorders. Early intervention for children and adolescents with trauma-based disorders may prevent more chronic disability. Our compassionate, experienced clinicians are available to evaluate children with a known or suspected trauma disorder. We offer:

- Diagnostic and therapeutic consultations
- Referrals to trauma-informed community therapists
- Agency consultations
- Access to a full range of child and adolescent services available at Sheppard Pratt Health System, including inpatient services, child and adolescent day hospitals, and special education programs

MEET OUR TEAM



Richard J. Loewenstein, M.D.
MEDICAL DIRECTOR

Dr. Richard J. Loewenstein is a nationally and internationally known senior psychiatrist and the founder and medical director of the Trauma Disorders Program. He has received numerous awards for his contributions to research and clinical studies of trauma and dissociation. Dr. Loewenstein is clinical professor in the Department of Psychiatry at the University of Maryland School of Medicine, Baltimore, MD.



Susan B. Wait, M.D.
SERVICE CHIEF

Dr. Susan Wait is one of the founding clinicians of the Trauma Disorders Inpatient Unit and has been the service chief since 1993. She has extensive experience and expertise in both psychotherapeutic and psychopharmacologic treatment of patients with dissociative disorders, PTSD, complex PTSD, and anxiety disorders. She has also been trained in dialectical behavior therapy (DBT) and is interested in broadening the use of this modality in patients with trauma-related disorders.



Sharon Moore, M.D.
STAFF PSYCHIATRIST

Dr. Sharon Moore graduated from Howard University College of Medicine in 1993 and completed a residency in Adult Psychiatry at Montefiore Medical Center/Albert Einstein College of Medicine in 1997, where she was involved in treatment and research on dissociative disorders. In 1998, she completed a forensic psychiatry fellowship in the Albert Einstein College of Medicine/Bronx Psychiatric Center Division of Psychiatry and the Law. Dr. Moore is Board Certified in Psychiatry.



Joyanna Silberg, Ph.D.
**SENIOR CONSULTANT FOR CHILD
AND ADOLESCENT TRAUMA**

Dr. Joyanna Silberg is internationally known as a pioneering expert in the study of dissociative disorders and complex trauma in children and adolescents, and works as senior consultant for child and adolescent trauma services. Her private practice specializes in children and adolescents suffering from post-traumatic and dissociative symptoms and disorders and child sexual abuse. She is executive vice president of the Leadership Council on Child Abuse and Interpersonal Violence.

Specialized Program



Trauma Disorders PROGRAM

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CONTACT THE TRAUMA DISORDERS PROGRAM

For frequently asked questions, please refer to our website at traumaatsp.org.

Outreach Coordinator	410-938-3584
Admissions Coordinator	410-938-5078
Administrative Assistant	410-938-5070
TTY	410-938-3075

DIRECTIONS

Please call our admissions office at 410-938-5070 or visit traumaatsp.org for directions to our program.



Sheppard Pratt
HEALTH SYSTEM

[Sheppard Pratt Health System](http://www.sheppardpratt.org) is dedicated to improving quality of life through mental health, special education, and addiction services for children, adolescents, adults, and older adults. Our patient-centered treatment approach, combined with our legacy of clinical excellence, sets us apart from other health systems on both a local and national level. We have been ranked among the nation's top psychiatric hospitals for 24 consecutive years by [U.S. News & World Report](http://www.usnews.com).

The services and facilities of Sheppard Pratt and its affiliates are operated on a nondiscriminatory basis. This policy prohibits discrimination on the basis of race, color, religion, gender, sexual orientation, age, national origin, disability, or any other basis proscribed by law. It applies to the provision of services, use of facilities, granting of accommodations, and opportunity to participate in programs or activities.