

The Power of Place: A Paradigm Shift in Trauma-Informed Care for People with Intellectual and Developmental Disabilities

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Keywords: Trauma-informed care, ID/A, Polyvagal Theory, resilience, environmental design, wellness, behavioral health, social innovation, co-regulation, community habilitation, sanctuary, inclusion

Abstract

This article explores the transformative role of place in trauma-informed care for individuals with intellectual and developmental disabilities (ID/A). Traditional service models—whether residential or day—often prioritize supervision and productivity over wellness and belonging. The Shared Wellness model reframes these environments as active participants in healing. Drawing upon Polyvagal Theory, trauma-responsive design, and systematic teaching methods, the model integrates traditional habilitative practices with wellness-based community experiences. Healing, the authors argue, occurs not only through interventions but also through spaces and relationships that communicate safety, autonomy, and shared humanity. The future of care depends on homes and communities that heal as actively as the people within them.

Introduction: Reframing the Conversation Around Behavior

For decades, intellectual and developmental disability services have been anchored in behavioral modification paradigms built upon observation, reinforcement, and compliance. Such frameworks often misinterpreted trauma responses as defiance, neglecting the body's physiological need for safety and connection.

A trauma-informed perspective reframes “challenging behavior” as communication—an expression of unmet safety needs. This shift replaces the question “What’s wrong with you?” with “What happened to you?” and ultimately “What do you need to feel safe?”

The Shared Wellness model emerged from this understanding. It proposes that healing is relational and environmental: it requires spaces and relationships that restore regulation through predictability, choice, and co-regulation.

From Treatment to Transformation: The Paradigm Shift

Modern ID/A care is evolving from managing behavior to nurturing regulation. Traditional behaviorist frameworks locate problems within the individual; trauma-informed systems locate them within context—between person, history, and environment.

This redefinition transforms treatment from intervention to relationship, shifting from compliance to connection. Grounded in Polyvagal Theory (Porges, 2017), the model recognizes that cues of safety engage the social nervous system, enabling learning, creativity, and healing.

The Importance of Place: Developing a Personal Sanctuary at Home

Healing environments are essential to trauma-informed care. Traditional residential programs often emphasize supervision and compliance rather than autonomy and comfort. While providers often offer a choice of color or furniture, the agency of the individual ends there.

Creating a personal sanctuary at home reframes living environments as partners in healing. Each individual collaborates with caregivers to co-design spaces that promote regulation and belonging.

Examples include:

- R.B. created a writing and prayer room for reflection and calm. The private space sets a boundary for privacy.
- S.U. designed a purple “safe room” for grounding during dysregulation. She created stencils on her wall, stamping the home as hers.
- D.L. established an art recovery studio for expression and creativity. Upon entering the home, one knows an artist lives there.
- E.M. enjoys a piano, discovering music’s power to regulate mood. A secondhand piano was gifted by a creative team, leading to trust and giving the message “We care about you”.

These experiences demonstrate that design is not decorative—it is therapeutic. Predictability replaces control, choice replaces compliance, and collaboration replaces hierarchy. When individuals help shape their surroundings, homes become sanctuaries of safety and recovery.

From a Day Program to a Wellness Center

The Shared Wellness Center extends these principles to the community level. It merges clinical supports, creative arts, and restorative practices in a flexible space that functions both as a service hub and a sanctuary. Supporters engage in a side-by-side approach, participating in Yoga, meditation, and sound healing together, creating trust and building the mindfulness skills of staff.

Days begin with grounding and self-care groups, followed by nutrition, peer mentorship, and art-based learning. Evenings open to the broader community, fostering shared regulation and inclusion.

The architecture itself promotes co-regulation with soft lighting, curved lines, and sensory-safe zones to embody the philosophy that healing happens through place, not merely within it.

Evidence of Impact: Outcomes at Home and the Center

The model's results underscore the connection between environment and regulation:

- 61% reduction in behavioral health crises (2022–2025)
- 68.7% increase in heart-rate variability after mindfulness sessions
- Zero property destruction incidents post-redesign
- 20% reduction in restrictive interventions
- Improved staff retention and emotional well-being

When environments change, nervous systems change—creating space for connection, learning, and joy.

Embedding Wellness: The Shared Wellness Model in the Community

Reimagining day and residential services through a community-embedded wellness lens invites a fundamental redesign of how supports are delivered. The Shared Wellness model integrates traditional habilitation practices—systematic instruction, repetition, and skill generalization—within naturally regulating community environments such as yoga studios, art collectives, gardens, and wellness centers.

In this model, traditional ID/A service values and wellness-based best practices are united in community locations. Staff embed habilitative instruction into real-world wellness activities, methods such as modeling, prompting, and repetition. The learning journey is enhanced when the supporter and person participate side by side as relational co-regulation. These strategies promote safety and mastery, ensuring that individuals experience success and confidence rather than stress or withdrawal.

Embedding services directly in these natural community spaces allows participants to build self-regulation and independence in a community setting. This approach maintains the structured integrity of traditional habilitation while expanding its context to align with trauma-informed values and community inclusion.

Conclusion: The Future of Healing Spaces

The future of care will not be defined by programs or placements, but by relationships and environments that heal together. The Shared Wellness model demonstrates that when traditional habilitative practices merge with trauma-informed, community-embedded design, the result is a system that teaches, heals, and belongs—all at once. A space that communicates safety through predictability, comfort, and inclusion does more than contain the work of healing—it actively participates in it.

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