Today’s Goals

- Describe trauma and its disparate impact on people with ID.
- Identify tools for screening or assessing the impact of trauma.
- Identify a number of therapy approaches and how they may be modified to meet the individual’s learning style and needs.
- Use info about trauma screening and therapy methods to refine supports for direct support staff in treating people with histories of trauma.
Definition of Trauma

- Trauma results from an event or series of events experienced by an individual as physically or emotionally harmful and has lasting adverse effects on the individual’s neurological, emotional, physical, spiritual and cognitive function.

- There are many types of traumatic events, and we often think of sexual abuse, physical injury, neglect, isolation, trafficking, homelessness, and disability.
Common Sources of Trauma Among People with IDD

- Abuse & Neglect
- Medical Issues
- Seclusion & Restraint
- Sexual Violence
- Grief & Loss
- Bullying & Rejection
How Common is Trauma Among People with IDD?

This compares to about **40%** nondisabled peers.

**70% to 100%**

Why?

Vulnerable
Can’t Report
Isolated
Not Valued

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What are Common Responses to Trauma Among People with IDD?

- Toileting & Hygiene
- Expression of Trauma
- Refusal
- Crying
- Withdrawn
- Aggression
- Increased Motor Activity

Identify Change from Baseline
Case Examples Related to Untreated Trauma

The 911 Caller

- Flips Out for “No Reason”
- Expression
- Destroys Home
- Always Sad

- Trades Sex for Food
- Strips at the Grocery Store
Numerous Types of Impacts

- Neurological
- Emotional
- Physical
- Cognitive
- Behavioral
- Others ... such as Relationships, Family
Impact of Trauma: Neurological

- Prefrontal Cortex
- Hippocampus
- Amygdala
Impact of Trauma: Emotional

- Depressed
- Frustrated
- Numb
- Shame
- Grief
- Anger
- Fear
- Dissociate
- Relief
Impact of Trauma: Physical

- Headache
- Insomnia
- Dizzy
- Gynecology
- STD
- STI
- Fatigue
- Heart
- Muscle Spasms
- Blurred Vision
Impact of Trauma: Cognitive

- Feeling Stuck
- Confused
- Easily Startled
- Hyper Alert
- Flashbacks
- Can’t Concentrate
- World Perception
- Pre-Ocuppied
- Indecisive
Impact of Trauma: Behavioral

- Self-Harm
- Thrill Seeking
- Avoid Others
- Hyper Sexual
- Gambling
- Impulsive
- Aggression
- Property Misuse
- Runaway
### 5 Symptom Areas in Trauma-Related Disorders

<table>
<thead>
<tr>
<th>Intrusion</th>
<th>Mood</th>
<th>Dissociation</th>
<th>Avoidance</th>
<th>Arousal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightmares</td>
<td>Sad</td>
<td>Dazed</td>
<td>Distract self</td>
<td>Poor sleep</td>
</tr>
<tr>
<td>Poor sleep</td>
<td>Depressed</td>
<td>Slowed down</td>
<td>Isolate</td>
<td>Nightmares</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>Grouchy</td>
<td>Outside self</td>
<td>Lash out</td>
<td>Vigilant</td>
</tr>
<tr>
<td>Feel Distressed</td>
<td>Anxious</td>
<td>Poor memory</td>
<td>Runaway</td>
<td>Startle easily</td>
</tr>
</tbody>
</table>
### Expression of Traumatic Symptoms Vary Among People with IDD

<table>
<thead>
<tr>
<th>Typical Symptom</th>
<th>But Might Look Like.....</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hyperarousal</td>
<td>A. Agitation/Destruction</td>
</tr>
<tr>
<td>B. Hypervigilance</td>
<td>B. Obsessive Behavior</td>
</tr>
<tr>
<td>C. Mistrust</td>
<td>C. Paranoia</td>
</tr>
<tr>
<td>D. Disassociation</td>
<td>D. Noncompliance</td>
</tr>
<tr>
<td>E. Fight Response</td>
<td>E. Aggression</td>
</tr>
<tr>
<td>F. Flight Response</td>
<td>F. Escape Behavior</td>
</tr>
<tr>
<td>G. Freeze Response</td>
<td>G. “Shut Down”</td>
</tr>
</tbody>
</table>
Disorders Linked to Trauma

- **Acute Stress Disorder**: Some, but not all, of the main symptom types of intrusion, negative mood, dissociation, avoidance and arousal.

- **Post-traumatic Stress Disorder**: Symptoms similar to Acute Stress Disorder, but persists longer than 2 to 4 weeks. Becomes a main feature of the individual’s life.

- **Co-Occurring Disorders**: Individuals with ASD or PTSD usually have other disorders at the same time, such as substance abuse disorders, mood disorders, eating disorders, and personality disorders.
But Diagnoses Often Missed …

**Symptoms may be very different**
- Reduced verbal skills and range of affect
- Non-specific symptoms
- Exacerbation of old symptoms
- Atypical symptoms

**Diagnostic overshadowing**

**Extreme variability among people with ID**

**Limited awareness and screening**
Screen for history of exposure to traumatic events.

Conduct in a safe, non-threatening environment.

Give the client as much control as possible.

Use self-administered checklists if possible.

Therapists need to be aware of own emotional responses.

Use grounding techniques during assessment.

Follow up with differential assessments if indicated.
The following are **Screening** tools, **NOT Diagnostic** tools.

If there is indication of an underlying disorder, a **comprehensive evaluation** may be needed for differential diagnosis and for treatment planning.
Samples of Trauma Screening Instruments

- Primary Care PTSD Screen
- Stressful Life Experiences Screen
- Trauma Exposure Screening Tool (TEST)
- PTSD Checklist
- Resilience Scale for Adults
- Mood and suicidality screenings
Primary Care PTSD Screen
4 Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your life, have you even had an experience that was so frightening or upsetting that during the past month, you …</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Had nightmares about it or thought about it when you did not want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Were constantly on guard, watchful, or easily startled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Felt numb or detached from others, activities or your surroundings?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The items below refer to events that may have taken place at any point in your entire life, including early childhood:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had a life-threatening illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were you ever in a life-threatening accident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was physical force or a weapon ever used against you in a robbery or a mugging?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Felt numb or detached from others, activities or your surroundings?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Trauma Exposure Screening Tool

**32 Questions**

The items below refer to events that may have taken place at any point in your entire life, including early childhood.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has anyone made you to do something sexual when you did not want to? Did anyone ever offer you food, money or a place to sleep to have sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has anyone taken your money without permission?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Has anyone ever hit, punched, kicked, choked or abused you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have people ever said things that really hurt your feelings or left you out of activities for a long time?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Below is a list of problems and complaints that people sometimes have in response to stressful experiences.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts or images of stressful experiences?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of a stressful experience?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of a stressful experience?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resilience Scale for Adults
10 Questions

Below is a list of problems and complaints that people sometimes have in response to stressful experiences

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am able to adapt when changes occur.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I can deal with whatever comes my way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Having to cope with stress makes me stronger.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am able to handle unpleasant or painful feelings like sadness, fear and anger.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is Trauma Informed Care?

- Trauma Informed Care understands the widespread impact of trauma, how to assess the impact, and uses evidence-based treatment methods to promote recovery.

- Mature trauma informed care systems recognize the impact of trauma on individuals, their caregivers and related systems such as health care, welfare, mental health, and disability. Policies and practices are created to improve care across these systems.
Public Health Model

Intensive Intervention

Evidence-based assessments and treatments are provided to people displaying symptoms related to trauma or to those recently exposed to traumatic events.

Person-Centered Supports

Resilience-based approaches are emphasized and reflected in the person’s service plan to foster hope, safety and well-being for people with a history of trauma.

Nurturing Environment

Supportive relationships, person-centered thinking and self-determination promote a sense of control, belonging and safety for all persons.

Effective Workforce

Policies, procedures and training are the foundation for system and agency level to promote inclusion of all persons and address secondary trauma.
The Triangle of Support

- Sense of Safety
- Self-Determination
- Supportive Connections

Recovery
Safety is at the Heart of Most Behavioral Crises

Person feels threatened

Tries to keep people away

Aggression occurs
Treatment of Trauma: Common Goals

- Prevent conditions that may lead to retraumatization
- Create a safe environment
- Identify recovery as a primary goal
- Support person’s control, choice, autonomy
- Create collaborative, supportive relationships
- Develop coping skills, teach balance, build resilience
- Integrate memories, reduce autonomic responses
Treatment of Trauma:
Some Common Approaches

- Cognitive-Behavioral approaches
- Mindfulness
- Exposure Therapy
- Eye Movement Desensitization & Reprocessing
- Peer and group support
- Positive Psychology
- Pharmacology
Treatment of Trauma: Adapted Cognitive Behavioral

- Emphasis on symptom identification and reduction
- Creating a therapeutic relationship is seen as crucial
- Brief and time limited (5 to 15 sessions)
- Functional analysis between situations and behaviors
- Skills training with practice and homework

https://www.dds.ca.gov/HealthDevelopment/docs/day1/intervention/Adapt_TF_Cog_Behavior_Therapy.pdf
Mindfulness refers to increasing awareness or focus on a chosen thought without judgment.

Mindfulness-based treatment identifies when vulnerable thoughts occur and teaches coping skills to change learned patterns of thinking or responses.

One goal is to prevent automatic thoughts and feelings towards conscious emotional processing. Practice is critical to success.

Examples: Dialectical Behavior Therapy; Acceptance and Commitment Therapy.
Exposure Therapy is a behavioral approach that helps manage intense emotional responses, often anxiety or fear-related and based on a traumatic event.

The goal is to address the person’s avoidance of the traumatic stimulus. Avoidance provides temporary relief but does not address the key issue.

Exposure therapy is designed to reduce irrational feelings a person may maintain.

Guided imagery, coping skills and actual exposure may be used.
EMDR was designed to treat trauma and post-traumatic stress.

Memories associated with trauma may remain unprocessed due to the high level of disturbance experienced at the time of the event. The unprocessed memory can affect the way a person responds to subsequent similar adverse experiences.

Through EMDR, unprocessed memories may be reprocessed so that they become more coherent and less disruptive.

Eye movements enhance treatment through neurological change, which assist in healing and recovering from the negative memories. Can be adapted for people who have limited ability to talk.
Peer and group support sessions can be used to assist in recovery as a supplement to individualized, person-centered therapy.

The essential goal is to use the collective experiences of the group to assist in processing experiences and identifying potential successful coping strategies.

Also essential is the emphasis on nonjudgmental supports.

Group cohesiveness is important to creating a sense of belonging, acceptance, and support.
Treatment of Trauma: Positive Psychology Approaches

- Positive Emotion
- Engagement
- Relationships
- Meaning
- Achievement
Treatment of Trauma: Pharmacology

- Underlying concept is neurological systems have been altered, and neurochemical imbalances interfere with recovery from trauma.

- Often medications that affect serotonin or norepinephrine (SSRIs & SNRIs) are prescribed, such as Prozac, Paxil, Zoloft.

- Other interventions include monoamine oxidase inhibitors (i.e., Nardil), antidepressants (i.e., Anafranil), anxiolytics (i.e., BuSpar), and benzodiazepines (i.e., Valium).

- Individual response is highly variable, so there may not be a clear line of treatment.
Beyond Trauma: An example of a group approach that uses a facilitator to guide participants. There are usually twelve sessions with very specific topics, such understanding power and abuse, reactions to trauma, family, addiction, and grounding. A variety of experiential activities are often incorporated in addition to traditional group therapy methods.

Women Co-Occurring Disorders & Violence Study: A US five-year project designed to identify effective strategies for women with complex behavioral, mental health, substance use and traumatic histories of exposure to violence.
Challenges of Meeting the Needs of Those Traumatized

- Age: infants, children, adolescents, adults, older adults
- Language ability
- Gender
- Baseline coping skills
- Family involvement and mental health
- Peer groups, gangs, siblings
Challenges of Meeting the Needs of Those Traumatized

- Poverty
- Neighborhood quality
- Access to care (medical, mental health, psychiatric)
- Transportation
- Community employment opportunities
- Effectiveness of local laws and enforcement
- Social attitudes, cultural norms
Characteristics of Effective Recovery Supporters and Systems

- Essential clinical skills, formally trained or otherwise
- Trained in a variety of crisis supports
- Specific training in trauma and trauma recovery
- Dealing with secondary trauma
- Availability of supporters
- Availability of alternatives to institutional care
- Offering a message of hope
Final Comments & Questions
Resources

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/
Resources

www.centerforstartswithervice.org
Karyn Harvey, *Trauma-Informed Behavioral Interventions: What Works and What Doesn’t*
Resources:

- AUCD.org --free webinars
  Mental Health Aspects of IDD Webpage
  https://www.aucd.org/template/page.cfm?id=1014

- NADD  www.theNADD.org

Resources


Developing Integrated Services for Women with Co-Occurring Disorders and Trauma Histories

Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study
Resources

https://www.stephaniecovington.com/beyond-trauma-a-healing-journey-for-women1.php
This training was produced by Georgetown University’s Center for Child & Human Development as part of the the DDA Health Initiative Project. This project supports the mission of the District of Columbia’s Developmental Disabilities Administration, and focuses on improving the physical, behavioral and mental health supports that affect the quality of living for people with intellectual and other disabilities.

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