Trauma Informed Care
for Helping People with
Intellectual and Developmental Disabilities

Agenda

- Trauma basics
- Trauma and IDD: Prevalence and impact
- Impact of trauma in general
- Secondary impact on staff and self-care
- For people in our care: what helps
- Resources
Individual trauma results from:

- an **event**, series of events, or set of circumstances that is
- **experienced as physically or emotionally harmful or life threatening** and that has
- **lasting adverse effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

A program, organization, or system that is trauma-informed

• Realizes the widespread impact of trauma
• Recognizes the signs and symptoms of trauma in both people we serve and staff
• Responds with policies, procedures, and practices
• Resist re-traumatization


Difference in an Organization

Video
Higher Incidence of Abuse

- People with any disability

- Experience twice the rate of victimization as nondisabled peers.
  (National Crime Victim Survey, 2008)
- Other studies show they are four times more likely to be the victims of crime
- 3 to 4 times more likely to be neglected
  (Sobsey, 1996; Westat, Inc., 1993; Goldson, 2002)

From Brian Tallant, LPC  Aurora MH Center, December 2014
Higher incidence of abuse with DD

- Highest risk of violent victimization is for people with intellectual disability. (Harrell & Rand, 2010)
- More than 90% of adults with DD reported sexual abuse within their lifetime
- 49% in sample reported 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995)

Under reported

- Estimated 1 in 30 instances of sexual abuse against a person with a developmental disability are successfully reported
- 1 in 5 for the general population
- Estimated only 3% of sex abuse cases are reported for this population

James, 1988; Valenti-Hein and Schwartz, 1995)
In an institutional setting

• the risk of sexual abuse is 2 to 4 times higher than the risk in the community
• The more severe the disability, the greater the likelihood of abuse

Sobsey, 1994 Sobsey & Mansell, 1990

People with more than one disability

At higher risk of abuse:
• physical abuse
• sexual abuse and
• the severity and duration of both types of abuse are greater

Kendall-Tackett, 2002
And abuse causes disability

- 3 to 6% of maltreated people have a permanent developmental disability as a result of abuse or neglect
- Child maltreatment is a factor in 10 to 25% of all developmental disabilities
- The vicious “two-way-street” relationship between trauma and disability

Sobsey, 1994

Vulnerabilities

Higher level of assistance from caregivers
- For longer periods of time
- For invasive daily living functions
- Higher level of stress on the family/caregivers
- People are less able to meet parent’s expectations

Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004)
Vulnerabilities

Cognitive disability interferes with ability to:
• predict high-risk situations
• understand what is happening in abusive situation

Barriers to reporting include:
• Mobility challenges
• Restricted ability to communicate
• Not perceived as credible reporters

Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004)

Vulnerabilities

• Trained to be compliant to authority figures
  Valenti-Hein & Schwartz, 1995
• 44% had a relationship with their abuser directly related to their disability
  Davis, 2004

From Brian Tallant, LPC Aurora MH Center, December 2014
Myths

- People with developmental disabilities do not have the same response to trauma as people in the general population
  Charlton et al., 2004

- People with developmental disabilities cannot benefit from therapy
  Mansell et al., 1998

“Big T Trauma” and “Little t trauma”

At the heart of many or most behavioral crises and episodes of distress
Feelings over a lifetime:

- Failure after failure
- Devalued
- Experience negated
- Grief over losses

Repeated over a lifetime

- Feelings of powerlessness
- Feeling unsafe
The experience of trauma

Video

Trauma Symptoms similar as for other people

- Fear
- Hyper-vigilance
- Flashbacks
- Nightmares
- Startle response
- Disconnection from present situation
- Sleep disturbance

- Numbing
- Emotional constriction
- Disrupted sense of safety
- Shattered identity
- Withdrawal
- Sadness
- Change in functioning
Trauma responses

- Generally a change from the person’s normal level of functioning.
- **Important** that normal trauma responses not be attributed to the person’s developmental disability or pre-existing mental illness.

Actions as Communication

When people cannot express feelings efficiently in words

BEHAVIOR
Aggression occurs

When people feel threatened

To keep safe & keep people away

Lasting impact of trauma

Video
What We’ve Learned About the Impact of Trauma in General

Adverse Childhood Experience (ACE) Study

One of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

Collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
ACE Study Continued

• Initial phase 1995 to 1997
• More than 17,000 participants
  – completed a standardized physical examination and
  completed a confidential survey that contained questions
  about childhood maltreatment and family dysfunction, as well
  as items detailing their current health status and behaviors
• No further participants were enrolled, but medical
  status of the baseline participants tracked over
  time.

10 Adverse Childhood Experiences Studied

• Childhood abuse
  – Emotional
  – Physical
  – Sexual
• Neglect
  – Emotional
  – Physical
• Household Situations:
  – Parental separation or divorce
  – Household substance abuse
  – Household mental illness
  – Mother treated violently
  – Incarcerated household member

http://www.cdc.gov/ace/prevalence.htm#ACED
Adverse Childhood Experiences are Common

Household dysfunction:
- Substance abuse: 27%
- Parental separation/divorce: 23%
- Mental illness: 17%
- Battered mother: 13%
- Criminal behavior: 6%

Abuse:
- Psychological: 11%
- Physical: 28%
- Sexual: 21%

Neglect:
- Emotional: 15%
- Physical: 10%

http://acestoohigh.com/got-your-ace-score/

ADVERSE CHILDHOOD EXPERIENCES

http://www.cdc.gov/violenceprevention/acesstudy/
Antidepressant Prescriptions

ACE Score and Rates of Antidepressant Prescriptions approximately 50 years later

Suicide Attempts

Childhood Experiences Underlie Suicide Attempts

http://acestoohigh.com/got-your-ace-score/
Adult Alcoholism

Childhood Experiences vs. Adult Alcoholism

http://acestoohigh.com/got-your-ace-score/

Teen Sexual Behaviors

http://acestoohigh.com/got-your-ace-score/
Consequences of Lifetime Exposure to Violence and Abuse

Finding your ACE Score

What is your total ACE Score?

Worksheet to calculate ACE Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
</tr>
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<tr>
<td>4</td>
<td>10</td>
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<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Resilience

Fortunately, brains and lives are somewhat plastic. The appropriate integration of resilience factors born out of ACE concepts — such as asking for help, developing trusting relationships, forming a positive attitude, listening to feelings — can help people improve their lives.

What Is Your Resilience Score?

RESILIENCE® Questionnaire
Please circle the most accurate answer for each statement:

1. I believed that my mother loved me when I was little.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

2. I believed that my father loved me when I was little.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

3. People helped my mother and father take care of me and they seemed to love me.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

4. I was raped or, as an adult, my body was violated.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

5. When I was a child, peers or my friends went around my house.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

6. When I was a child, teachers, coaches, adult leaders or other adults were there to help me.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

7. Someone in my family used alcohol or drugs around me.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

8. My family, neighbors and friends talked about alcohol and drugs around me.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

9. When I did poorly in school, I would always feel that someone trusted me to do better.
   - Definitely true
   - Probably true
   - Not sure
   - Probably Not True
   - Definitely Not True

10. My family helped me to keep a job.
    - Definitely true
    - Probably true
    - Not sure
    - Probably Not True
    - Definitely Not True

11. I was considered to be an overachiever.
    - Definitely true
    - Probably true
    - Not sure
    - Probably Not True
    - Definitely Not True

12. I believed that I had what was mine.
    - Definitely true
    - Probably true
    - Not sure
    - Probably Not True
    - Definitely Not True

13. I believed that life was what was mine.
    - Definitely true
    - Probably true
    - Not sure
    - Probably Not True
    - Definitely Not True

14. I believed that I had what was mine.
    - Definitely true
    - Probably true
    - Not sure
    - Probably Not True
    - Definitely Not True

How many of these 14 protective factors did I have as a child and now? How many of the 14 were either
"Definitely True" or "probably True"? Of those rated, how many are still true for you?

http://acestoohigh.com/got-your-ace-score/

- Developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006 and updated in February 2013.
- Mark Rains and Kate McClintick created the 14 statements with suggestions from members of the group.
- Scoring system was modeled after the ACE Study questions.
- Content based on research studies over 40 years including Emmy Werner
- Purpose is limited to parenting education - not developed for research.
Impact of Trauma on Brain Development

Impact on the Brain. Children experience the impacts of traumatic stress not only emotionally but also through physical changes in the brain architecture. These changes significantly influence child development. This video provides information on the impacts of trauma on the developing brain, why these impacts matter, and how to use the information to develop programs to help children who have experienced trauma.

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/Module1.html

Brain’s Response to Trauma

Fight

Freeze

Flight
Secondary Impact on Staff and Self-Care

Trauma-Informed Provider Organizations and Secondary Traumatic Stress

- Must be aware of the possible trauma experienced by people working directly or indirectly with people exposed to trauma
- This is called secondary trauma (also referred to as compassion fatigue or vicarious traumatization)

- Need to implement practices and policies to support all personnel working in the organization
- Measures to prevent secondary trauma
- Measures to address secondary trauma when it occurs
- Understanding why it matters
Examples of Stress or Trauma Connected to the Workplace

Secondary traumatic stress

Could be either a one time event or be ongoing

Could also be the policies that inadvertently put pressure on staff

Benefit to Agencies to Address Trauma

Video

Example of Savings at Grafton in Virginia Since Intentionally Launching “Ukeru”

Since launching Ukeru in 2005, Grafton Integrated Health Network has not only reduced the use of physical restraints, but has also increased the rate of treatment goals mastered across the organization.

From 2005-2014, Grafton saved a total of $14 million.

- 5,721,264 Staff Turnover
- 5,000,000 Workers’ Comp Policy Savings
- 3,275,657 Lost Time

The Single Most Important Thing You Can Do For Your Stress – You Tube Video
Self-Care Resources

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/Module3Resources.html#Self-Care

Self Care Apps and Websites

- Provider Resilience
- GPS for the Soul
- Mediation Oasis Apps
- Mindfulness Training System
- IChill App (Peter Levine)
- Narrative Therapy Questions (Narrative Q’s)
- Brain Wave
- Inner Balance
- Happify
- Flipagram
- Wild Divine©
- Cardio Buddy
- Stress Check
- Streaks.com
- Mindfulness Bell
- http://plumvillage.org/mindfulness-practice/mindfulness-software/
Breathing for Focus and Calming

breathe in through nose

blow out of mouth

For People in Our Care:
What Helps
What does NOT help

Focus on symptoms as the problem- may be ignoring person’s inner experience and history
What does NOT help

• False assumption- behavior to gain an outcome or manipulate -when may be freaked out by memories of trauma
• Assumption the person has control over behavior in a crisis situation
• Oversimplified focus on contingencies
• Restriction or control (fuels feelings of powerlessness, power struggles)

Increase happiness

• Pleasure
• Engagement
• Positive Relationships
• Achievement
• Meaning
• Happiness plan
Positive Identity

- Achievement
- Sense of purpose
- Feeling valued - staff member wants to talk with me
- Finding things the person can do well
- Meaningful work

Increase safety, comfort, feeling of control

- Learn trauma triggers
- Detailed planning for trauma triggers
- Planning for safety
- Real choices to reduce sense of powerlessness
- FUNCTIONAL COMMUNICATION
What helps: Shift in staff role

- Daily conversation time
- Strong listening skills
- Foster friendships with peers
- Shift from shaping and modifying behavior to safety and comfort
- House parent role - shift to social coach and ally

Screening and assessment

- Be aware of diagnostic overshadowing
- Trauma history
- Trauma triggers
- Adapated screening measures
- Developmental appropriateness
- Expertise to sort out startle response from sensory reactions, withdrawal and depression from ASD, etc.
Different approach to crisis intervention

- Prevention focus
- Health promotion including exercise
- Learn and plan in detail for trauma triggers
- Safety and comfort
- Respect for preferences and choices

Trauma-specific therapy

- Examples:
  - Eye Movement Desensitization and Reprocessing: EMDR
  - Adapted Trauma-Focused Cognitive Behavioral Therapy
- May take longer but results tend to be stable
- People with DD not likely to recover spontaneously without treatment
- Indicated when person has not returned to prior level of functioning, when significantly impairing the person’s ability to function.
- Trauma history does necessitate treatment
Implications for Practice – What’s Really Important?

Video

Great Resources
Trauma Informed Care: Perspectives and Resources

A comprehensive web-based, video-enhanced resource tool

Partnership with JBS International

8 Modules

9 Introductory Videos

LINKS TO THE TOOL:
http://gucchdtacenter.georgetown.edu/TraumaInformedCare/
or http://trauma.jbsinternational.com/traumatool

5 Issue Briefs

7 Sets of Annotated Resources

27 Content Videos

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Youth and Family Stories

One Year Later - Trauma-Informed Efforts in Eight States

Impact on the Brain: Children experience the impacts of trauma both emotionally but also through physical changes in the brain architecture. These changes significantly influence child development. This video provides information on the impacts of trauma on the developing brain, why these impacts matter, and how to use the information to develop programs to help children who have experienced trauma.

Example of video from Module 1: Understanding the Impact of Trauma

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Identifying and Addressing Secondary Traumatic Stress

This book is written for anyone who is exposed to the hardship, pain, crisis, trauma, or suffering of others who notice that they are not the same people they once were, or are being told by their families, friends, colleagues, or pets that something is different about them. The book provides suggestions for approaching the work in ways that produce positive outcomes for the helping people and for those they serve.
Organizational trauma is pervasive across nonprofit organizations, government agencies, and businesses. However, the phenomenon has received scant attention or been misidentified. Much work on organizational trauma ignores the systemic nature of traumatization and the insidious, negative consequences to organizations once trauma becomes embedded in organizational culture. Written for organizational leaders, consultants, and other practitioners interested in helping organizations become stronger, it gives them concepts and tools to strengthen their organizations and to help the organizations to heal from organizational trauma.

https://www.aucd.org/docs/Assessing%20Trauma%20in%20Individuals%20With%20ID%20(compressed).pdf
www.grafton.org

www.centerforstartserservice.org
Excellent Resources by Van der Kolk and Perry
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