Trauma in the IDD Population

Understanding PTSD in Disability Services
Agenda

- PTSD and Trauma in the IDD Population
- Mechanisms and Processes of Trauma in IDD Population
- Recommendations on supporting individuals with disabilities and PTSD through a Trauma Informed Care approach
Post Traumatic Stress Disorder

Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters:

- Intrusion
- Avoidance
- Negative alterations in cognitions and mood, and
- Alterations in arousal and reactivity.

The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.
Disabilities and Trauma

- Cognitive deficits make it more difficult for individuals with IDD to express themselves
- Dependence on others to assist them with personal care and daily living activities
- Communication or physical impairments may over shadow trauma
- Lack of awareness and education
- Lack of self advocacy training and a system which encourages compliance
- People with disabilities often rely on others to recognize mental health issues
Disabilities and Trauma

- Some studies estimate that close to 80% of women with developmental disabilities have been sexually assaulted at some point in their lives.
- Other studies show that people with disabilities are more likely to experience more severe abuse, experience abuse for a longer duration, be victims of multiple episodes, and be victims of a larger number of perpetrators.
- Prevalence of abuse and neglect in the IDD population is conservatively estimated to be at least four times more likely than those people without disabilities.
Trauma and ID

- 70% of individuals with ID experienced abuse

- People with disabilities who were victims reported having experienced various types of abuse:
  - 87.2% reported verbal-emotional abuse
  - 50.6% physical abuse
  - 41.6% sexual abuse
  - 37.3% neglect, and 31.5% financial abuse

(2012 National Survey of Abuse of Individuals with disability)
WHAT MAKES AN EVENT TRAUMATIC?

- Traumatic Events are:
- Sudden, unexpected, and extreme
- Usually involve physical harm or perceived life threat (research shows the perception of “life threats” are powerful predictors of the impact of trauma)
- People experience these events as out of their control
- Certain stages of life makes people vulnerable to the effects of trauma including childhood, teens and early twenties ~(Tedeschi, 2011)
What puts IDD individuals at Risk for Trauma
There are big “T” traumas that can occur such as sexual assault, physical assault, and crisis disasters.
There are also little “t” traumas that can occur with the IDD population including:

- Being bullied or excluded
- Repeated rejection and invalidation
- Being teased, name calling, nick names
- A life time of people trying to “fix” the person
- Living situations where you lack control
- Having extended hospitalizations
- Abandonment by family, friends, relative or expecting a phone call or visit from a relative that doesn’t show
**Historical Trauma**

Multigenerational trauma experienced by a specific cultural group or collective community

Collective, cumulative emotional wounding across generations resulting from a cataclysmic event

Trauma is held personally and passed on across generations

*Historical Trauma and Cultural Healing*, University of Minnesota Extension
Stressful experiences affect Gene expression

McGill University researcher Michael Meaney studied newborn rats. How much the mother rat licked the pup during first 12 hours after birth permanently affected brain chemicals that respond to stress.

Rat pups that were consistently licked by mother were braver, lower levels of stress hormones, better memory and learning, and healthier.

Epigenetics
Mechanisms and Processes of Trauma in IDD Population

- Compulsion to repeat and attractors (Bessel Van Der Kolk, Body Keeps the Score, 2014)

- “Pain in Men Wounded in Battle” and “Strong Emotions block pain”

- For traumatized IDD individuals, re-exposure to stress might provide a calming relief from anxiety
Researchers have shown how dominant male monkeys have higher levels of serotonin than lower ranking monkeys. Serotonin levels however dropped with the higher ranking monkeys were prevented from maintaining eye contact with those they lorded over.

When the lower ranking monkeys were given serotonin supplements they emerged from the pack to assume leadership.
Neurobiology of Trauma
The Brain from Bottom to Top

- Our rational and cognitive brain over occupies 30% of our brain in our skull and is focused on understanding the outside world.

- The older parts of our brain are in charge of management of our body’s physiology and identification with safety, threat, hunger, fatigue, desire, longing, excitement, pleasure, and pain.

- Breathing, eating, sleeping, pooping, and peeing are so fundamental that their significance is easily neglected. If any of these is off then the whole body is effected.
Attachment and Trauma

- What ever happens to a baby sets the stage for the emotional and mental map of their life (Use Dependent Theory, Bruce Perry, Boy Raised as a Dog)

- “What fires together wires together”

- If we feel safe and loved then our brain becomes specialized in exploration and cooperation. If our brain feels unwanted, it specializes in managing feelings of fear and abandonment
Disconnection from Body

- IDD individuals who have been traumatized or neglected have sensory perception challenges
- When our senses or muffled, we may not feel alive
- Dr. Lanius and the Canadian Self-awareness study
Disconnection from Body

- Being traumatized means you live in a body that is always on guard.

- Angry and afraid people live in angry and afraid bodies.

- In order to change, people need to become aware of the sensations in their bodies. Physical self-awareness is the first step to healing the past.
Self-Harm and IDD

- Self harm may help in feeling connected to the body and feeling “alive”

- Dr Bessel Van Der Kolk study on sexual abuse.

- “If you lack a deep memory of feeling loved and safe, the receptors in the brain that respond to human kindness may simply fail to develop” (Body Keeps the Score, 2014)
“Traumatic memories lack the verbal narrative and context; rather, they are encoded in the form of vivid sensations and images.”

Psychological Impact of Trauma
IDD Trauma and Memory

- Harvard Grant Study of Adult development
IDD Trauma and Memory

How Memory Usually Works

[Diagram showing the process of memory retention with arrows linking different stages of memory recall.]
IDD Trauma and Memory
EMDR

- EMDR is an integrative psychotherapy that was developed to resolve symptoms resulting from disturbed and unresolved life events or experiences.

- It uses a structured approach to address past, present, and future aspects of disturbed memories.

- EMDR is an approach used for trauma, chronic pain, depression, anger, loss, and grief.

- Bilateral eye movements, sounds, and tactile stimulation is used to process thoughts, feelings, images, and body sensations.
CASE REPORT

Treatment of PTSD in people with severe intellectual disabilities:
A case series

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(Received 30 December 2011; accepted 30 December 2011)

Abstract
Objective: There is a dearth of information regarding the treatment of PTSD in people with severe intellectual disabilities (ID). The purpose of the present case studies was to assess the applicability and effects of an evidence-based treatment method for psychological trauma with this population.
Methods: The treatment of four single cases with Eye Movement Desensitization and Reprocessing (EMDR) was evaluated. Participants included adults and children with a variety of symptoms, as well as different histories of negative life events.
Results: In all cases PTSD symptoms decreased. In all but one case, the gains were maintained at 15.5 months to 2.5 years following treatment. Depressive symptoms and physical complaints diminished and social and adaptive skills improved.
Conclusion: EMDR seems to be an applicable treatment method for clients with severe ID. Reduction and maintenance of PTSD symptoms in individuals with severe ID appears to be both desirable and obtainable.

Keywords: Intellectual disability, trauma, treatment, psychotherapy, EMDR, post-traumatic stress disorder
How Trauma Affects People with Intellectual Disabilities

What Is Trauma?

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter a person’s sense of security, creating a feeling of helplessness and vulnerability in a dangerous world. Traumatic experiences often involve a threat to life or safety, but any situation that leaves someone feeling overwhelmed and alone can be traumatic, even if it doesn’t involve

scans can show when trauma has been effectively treated.
• Increase in overall quality of life
• Possibility of needing less intensive supports and less expensive support plans
• People with intellectual and/or developmental disabilities who also have mental health issues (depression, bipolar disorder, etc.) can often benefit from appropriate psychotherapy.

knowledge about effective therapies and treatment, such as Cognitive Behavioral Therapy (CBT), Thought Field Therapy (TFT), and Eye Movement Desensitization and Reprocessing (EMDR) can assist in making effective referrals. EMDR can be the least stressful and most effective of the evidence-based psychotherapies for trauma treatment and does not require high levels of verbal skills from clients. TFT has a very

The Arc would like to recognize and thank Gail Ford, Associate Director, EMDR Humanitarian Assistance Programs, Inc., Nora Baladerian, Ph.D., F.P.P.R, B.C.F.E., and Janice Schaad, LCSW, Consultant in EMDR for contributing to and reviewing this fact sheet.
The Adaptive Information Processing (AIP) Model

- Associated memory networks - basis of perception, attitude, and behavior

- These memory networks contain feelings, thoughts, images and body sensations of disturbing events and are stored in a way that blocks integration with adaptive information networks

- Direct bilateral processing allows the unprocessed information to be linked with adaptive memory networks
**Touchstone Events**

- Event
- Images
- Emotions
- Body Sensations
- Negative cognitions

[Image of a brain with connecting lines to the Touchstone Events concept.]
Brain scans conducted from Dr Daniel Amen’s studies
Sandtray Adaptation

- IDD individuals have limited verbal and executive functioning skills often needed for traditional counseling approaches.

- Sandtray figures allow ways for IDD individuals to express feelings, thoughts, sensations, and traumatic images without having to rely on language.

- The sandtray provides a safe container and space for IDD individuals to process stressful thoughts, feelings and images.
Using a Trauma Informed Care approach with IDD

- Trauma informed care approach looks at challenging behavior in a new way
- Do not assume the behaviors are because of a person’s disability
- Behavior also helps us know what is going on with the individual and what needs they are trying to communicate
- We may not always be aware of someone with IDD history of trauma, especially if they have limited or no verbal skills
Using a Trauma Informed Care approach with IDD

- Sometimes trauma in the IDD population takes the form of physical complaints or that the person is frequently sick with no apparent physical reason.

- Sometimes we may think that a person is being deliberately aggressive or manipulative when in reality they are merely trying to protect themselves from some perceived danger.

- These may seem like behavioral problems but the individual doesn’t often respond well to medication or traditional behavior interventions.
Juan is a 51 year old male living in a group home with Intellectual Developmental Disability.

He was abandoned by his parents when he was 4 years old and grew up in several foster care placements.

Juan was physically abused by foster care parents. They would lock him in a closet after beating him with a broomstick.

Juan was sexually abused by a boy in the neighborhood when he was ten. The boy was 17 and used to steal Juan’s lunch at school.
Story of Juan

Juan starting cutting his legs when he was 14 as a way to cope with overwhelming emotional pain.

He became close to a care provider that he liked a lot and he could trust but the care provider had to move and this was devastating for Juan.

By the time he was 21 Juan would pick up glass in the yard and cut his arms and stomach. He was hospitalized many times after trips to the emergency room. He would also throw furniture and break things at the group home.
Carmen is a new residential trainer working with Juan at the group home he is currently living.

Carmen does not tell Juan what he should or should not do. She did not tease him or call him a “nick name”.

She gives Juan choices to help him make decisions. Carmen did not say “what is wrong with you?” but instead asked Juan “What has happened to you?”

Instead of “fixing” Juan, Carmen supports him and is understanding of his past traumas.

**Story of Juan**

![Profile Picture]
Carmen helped connect Juan to a men’s friendship group and ensured he got to attend this weekly.

Carmen learned of his interest in country music and started helping him in learning how to enjoy and listen to music and learned a lot about country music from Juan.

Carmen helped get Juan connected to Special Olympics which Juan enjoyed and his favorite event was swimming. She also got him into counseling services.

After 6 months of these changes in Juan’s care him stopped cutting himself and breaking furniture in the group home.
Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis.

The first aid is given until appropriate treatment and support are received or until the crisis resolves.
Mental Health First Aid: ALGEE

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give support and reassurance
- Encourage appropriate professional help
- Encourage self-help and other support strategies
References

• ACE Study
• Diagnostic Manual of Intellectual Disabilities
• University of New Mexico, Dr Molly Faulkner, March 2015
• Body Keeps the Score, Bessel Van Der Kolk, 2014
• Goodnewswellnessliving
• Bruce Perry, Boy Raised as a Dog, Child Trauma Academy
Resources

• http://goodnewswellnesslifestyle.com/

• http://thenadd.org/

• http://vkc.mc.vanderbilt.edu/etoolkit/