

# Trauma and IDD

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# Trauma Informed Care Approach

## SAMHSA

### The 3 E's of trauma:

*Individual trauma results from an **EVENT**, series of events, or set of circumstances that is **EXPERIENCED** by an individual 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.*

### The 4 R's of trauma informed approach:

- *Realizing* the prevalence of trauma
- *Recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- *Responding* by putting this knowledge into practice
- *Resisting* re-traumatization

*A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture.*

- People with intellectual and other development disabilities (IDD) are at an increased risk for experiencing mental health symptoms, with approximately 40% meeting criteria for a psychiatric disorder
- While the etiology of mental health symptoms among persons with IDD is multifactorial, experiencing adverse and stressful life events play an important role in the development and maintenance of mental health symptoms among this population.
- Exposure to traumatizing life events is higher for people with IDD. Commonly occurring traumatic events include, but are not limited to, separation from family members and friends, frequent moves between residential placements, loss of relationships, bullying, and stigma.
- Individuals with IDD, both children and adults, experience significantly higher rates of interpersonal trauma as well. This includes both physical assault and sexual abuse

# Trauma in IDD:

***Estimates as high as 90%***

***4-10 X more likely to be sexually abused***

More likely to experience negative life events:

serious illness or injury,  
hospitalization,  
separation from family,  
domestic violence,  
neglect,  
frequent changes in caregivers  
Bullying  
Exclusion from social activities

Life losses that are common to all of us may  
result in complicated or traumatic grief

Change in caregiver  
Friends moving away  
Death of family members  
Change in teacher  
Moving

*A broader range of life events appear to be  
experienced as traumatic and may contribute  
to the development of PTSD*

# What is Executive Functioning?



Executive Functioning is a set of mental processes that helps connect past experience with present action



People use it to perform activities such as planning, organizing, strategizing, paying attention to and remembering details, and managing time and space.



This ability allows us to adapt and perform in everyday life by recognizing the significance of unexpected situations and to make alternative plans when unusual events interfere with normal routines



# The Brain and Executive Function

Occurs primarily in the prefrontal cortex/frontal lobes.

This region of the brain is more sensitive to stress than any other

Even **mild stress** can flood the prefrontal cortex with the neurotransmitter dopamine, which causes **executive functioning to shut down** (Diamond, 2010)

# What Does EF Allow You To Do?

- Start
- Stop
- ✧ **Change/shift**
- ✧ **Hold – working memory**
- Modulate
- Organize
- Orchestrate
- ✧ **Monitor – self-regulate, inhibit**

K. Benedict

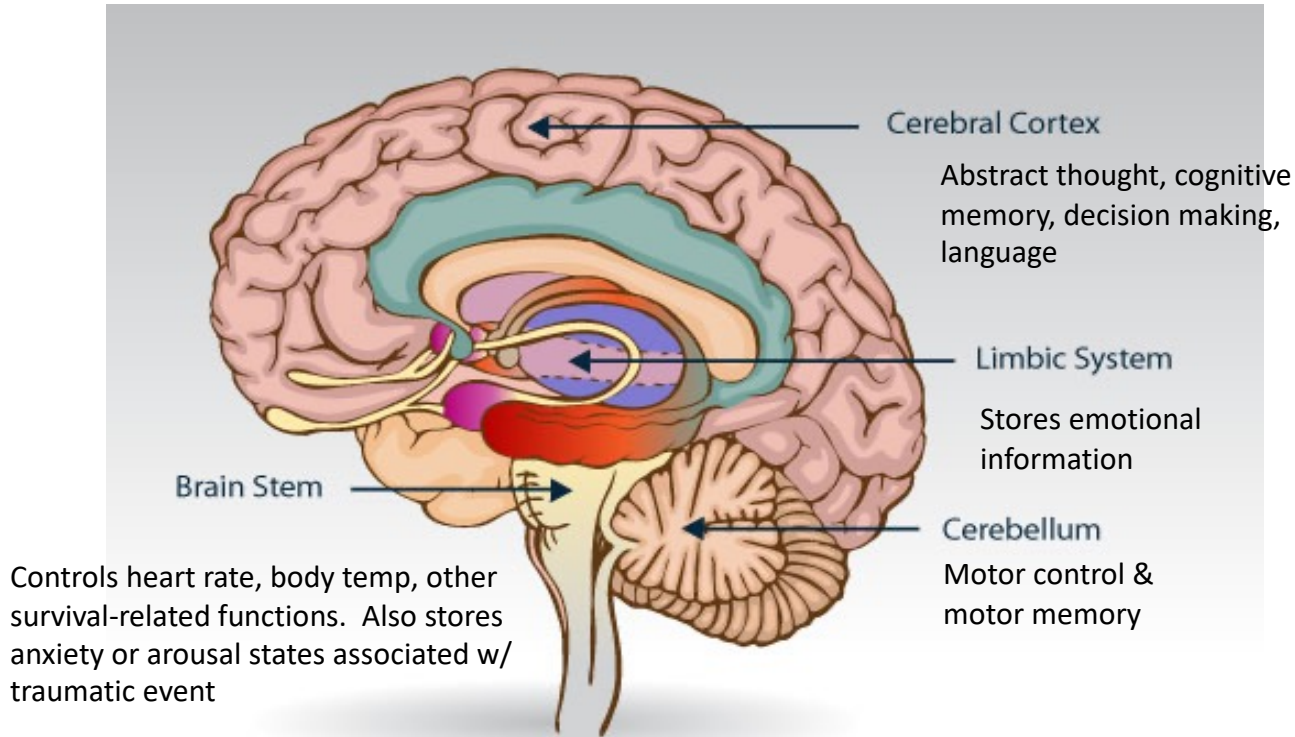
# What Do Executive Function Deficits Look Like?

## Difficulty with...

- **Impulse control** – may blurt out inappropriate things, take risks, strike out at others
- **Emotional control** – may overreact, difficulty dealing with criticism, difficulty handling when things go wrong
- **Flexible thinking** – difficulty being adaptable, problem-solving, seeing a different perspective
- **Working Memory** – short term memory issues, learning from the past, understanding cause & effect (consequences)
- **Self-Monitoring** – may not understand or be surprised by their mistakes
- **Planning & Prioritizing** – difficulty knowing what should be done first, or what's more important
- **Task initiation** – no idea where to begin, need prompts or help – even with well- known activity
- **Organization** – lose train of thought, lose items, etc.



# The Brain and Trauma



# Trauma and the Developing Brain

- Trauma is a “neuro-developmental insult” and impacts the development of the brain as well as psychological processes
- Traumatic exposure disrupts the development of self-regulatory processes – leading to chronic affect dysregulation, destructive behavior towards self and others, learning disabilities, dissociative problems, somatization, and distortions in concepts of self and others
- The brain responds differently after trauma – **less executive functioning** and more “fight or flight”

# What Trauma Might Look Like...

*Intrusive Symptoms –  
Memories, flashbacks, dreams,  
physiological symptoms  
Reliving the experience*

- In IDD, re-experiencing the traumatic event may manifest in symptoms that are more overtly behavioral (concrete) and may include self-injurious behavior and trauma-specific re-enactments. Re-enactments can look quite bizarre and it is important to distinguish such symptoms from psychotic disorder symptoms

*Avoidance and emotional  
numbing*

- In IDD, this can sometimes be seen or described as non-compliance

*Alteration in cognition and  
mood – negative beliefs about  
self or others, negative  
emotional state.*

- In IDD, negative emotional state may present in externalizing behaviors.

*Alterations in arousal –  
hypervigilance, irritable  
behavior, exaggerated startle  
response, aggression.*

- In IDD, aggressive behavior is often described as 'coming out of nowhere'

## “the state becomes a trait”

Rather than recognizing a trauma-based brain state, or attempt to manage or prevent fear, an incorrect diagnosis based on externalized presentation may result:

- ADHD
- DMDD
- Bipolar Disorder
- Intermittent Explosive Disorder
- Impulse Control Disorder
- Oppositional Defiant Disorder
- Disruptive Behavior Disorder
- Obsessive Compulsive Disorder
- Schizophrenia
- Borderline Personality Disorder

# People Who Have Experienced Trauma

## **Can have difficulty with:**







- Managing “big” emotions
- Chronic irritability/anxiety that interferes with problem solving
- Empathy
- Expressing concerns/needs into words
- Taking into account the wider context of a situation
- Appreciating how one’s behavior impacts other people
- Working in groups/connecting with others

## The good news...

We can create environments that promote resiliency for people who have experienced trauma.

When we see the *search for safety* in behavior, we use it to promote healing

# What Does Not help?

-  Assuming all behavior is an intentional/deliberate attempt to “manipulate”
-  Assuming the person has control over behavior in a stressful situation
-  Assuming it’s “personal”
-  Oversimplified focus on contingencies
-  Restriction or control (fuels feelings of powerlessness and may increase agitation)
-  Expecting that re-exposure or discussing their trauma will decrease “outbursts”

# What Does Help?

## *Positive Supports and Positive Psychology*

### Focus on increasing happiness

- Engagement and attachment
- Developmentally appropriate expectation
- Enhancing relationships

### Replacement skills

- Functional communication
- Ability to label feelings, calming skills

### Positive identity

- Focus on strengths
- Nurtures sense of identity vs. reducing people to their “behavior”