Trauma and IDD

Jill Hinton, PhD
Licensed Psychologist
Clinical Director
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

Cerebral Cortex
Abstract thought, cognitive memory, decision making, language

Limbic System
Stores emotional information

Brain Stem
Controls heart rate, body temp, other survival-related functions. Also stores anxiety or arousal states associated w/ traumatic event

Cerebellum
Motor control & motor memory
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…

<table>
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<tr>
<th>Intrusive Symptoms – Memories, flashbacks, dreams, physiological symptoms</th>
<th>Avoidance and emotional numbing</th>
<th>Alteration in cognition and mood – negative beliefs about self or others, negative emotional state.</th>
<th>Alterations in arousal – hypervigilance, irritable behavior, exaggerated startle response, aggression.</th>
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<td>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.</td>
<td>In IDD, this can sometimes be seen or described as non-compliance.</td>
<td>In IDD, negative emotional state may present in externalizing behaviors.</td>
<td>In IDD, aggressive behavior is often described as ‘coming out of nowhere’.</td>
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“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”