Trauma-Informed Care for People with Intellectual Disabilities

Karyn Harvey, Ph.D.
Objectives

Following this webinar, participants will...

1. Recognize the sources of trauma in the lives of people with intellectual/developmental disabilities
2. Identify the effects of trauma
3. Identify key components of healing
Sources of Trauma for People with IDD
Statistics on Sources of Trauma

• Over 70% of people with Disabilities report being victims of abuse
  • 90% of them said it was on multiple occasions
  • Only 37% reported the abuse to the authorities

• People with IDD are 7 times more likely to be sexually abused than those without disabilities – NPR

• People with disabilities are 2.5 times more likely to be victims of violent crime and 40% more likely to have the perpetrators be someone they know (BJS statistics)
## “Big T and “Little t” Traumas

<table>
<thead>
<tr>
<th>Major Events</th>
<th>Little “t” Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>Family Violence</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Neighborhood Violence</td>
</tr>
<tr>
<td>Neglect</td>
<td>Social Exclusion</td>
</tr>
<tr>
<td>Negative Events</td>
<td>Exclusion from Family</td>
</tr>
<tr>
<td>Grief and Loss</td>
<td>Frequent foster care or group home placements and lack of stability</td>
</tr>
</tbody>
</table>
Effects of Trauma on the Brain
Bucharest Early Intervention Orphan Study – Effects of Neglect

• 138 children between 6 and 31 months who were in an orphanage in Bucharest were studied
• 68 kept in institution
• 68 placed in a new foster care system – full time paid parenting
• Results: After 54 months (4 1/2 years): Compared to 138 children raised in birth families

Bucharest Early Intervention Orphan Study

<table>
<thead>
<tr>
<th>Issues:</th>
<th>Institution</th>
<th>Foster Care</th>
<th>Biological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis 1 Disorders</td>
<td>55%</td>
<td>35%</td>
<td>13%</td>
</tr>
<tr>
<td>Emotional Disorders</td>
<td>49%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Behavioral Disorders</td>
<td>32%</td>
<td>25%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Intellectual Disability Average IQ Score</td>
<td>73</td>
<td>85</td>
<td>110</td>
</tr>
</tbody>
</table>
Children Who Stayed in Institutions – Nathan Fox

- Gray matter in brain actually shrunk
- Lower brain activity measured by EEG
- Impairments in Executive Functioning
- Increased Adrenaline levels after 1 year – affects heart, behavior, ability to focus (looks like ADHD)
- Often abnormally small physically
- At higher risk for premature deaths
Psychological Trauma – Past is Present

How did the brain react?

Neocortex – the rational intellectual tasks

Limbic – the intermediate brain: emotions

Reptilian – the primitive preservation and aggression
Trauma Responses Due to “Buttons Pushed”

**Trigger Response** – Something happens in the present that reminds the person of the negative past - person goes into fight, flight or freeze mode:

Thinking he or she is in danger!
Chemistry When Sympathetic Nervous System Is Triggered

- Cortisol goes from Amygdala to Frontal lobe
- Adrenaline is released and floods the system
- Regions of brain do not communicate and integrate
Behavioral Issues: Emotions Expressed Often Rooted in Trauma

When we only address the behavior, we miss the true cause and root of difficulties.
Trauma Response vs. Behavior Response

**Trauma**
- Triggered in an irrational manner
- Overreaction to small event
- Very emotion based
- Does not serve the person well
- Does not move them forward

**Behavior**
- Has a purpose and intent
- Deliberate- acting on environment to get response
- Intent is important in identifying the response
- Goal is to get something they want, can move them forward
- You can typically identify the antecedent
4 Areas of Symptoms of PTSD

1. **Re-experiencing** (interfering with present to different degrees)
   - Intrusive Memories
   - Nightmares
   - Flashbacks - Person can disconnect from reality and be convinced he or she is being attacked, hurt or threatened due to a memory that becomes present

2. **Avoidance**
   - Blunted emotions
   - Shut down responses
   - Person can become obsessive about details concerning self and safety
   - Disconnection and withdrawal
4 Areas of Symptoms of PTSD (2)

3. **Negative Alterations in Cognition and Mood**
   - Persistent negative-trauma related emotions i.e. fear, horror, anger, guilt and shame
   - Constricted emotion – inability to express positive emotion
   - Alienation and withdrawal from others

4. **Arousal**
   - Easy to startle
   - Agitated – can lead to property destruction
   - Periodically Combative
   - Impulsive
   - Also associated with reckless or self-destructive behavior
PTSD is a Spectrum
Addressing Trauma for People with IDD
The Profile of Trauma in People with I/DD has Changed

The brain chemistry of people with I/DD has changed.

- Less genetics-related disability, more disability caused by other external factors
- Changes brain chemistry, which changes how their brain responds to trauma and healing services
Ingredients Necessary for Post Traumatic Recovery

Perceived Safety

Empowerment ↔ Connection
What People Need Most

Sense of Safety
Understanding
Support for Next Steps
Kindness
Empathy
The Body Stores Trauma

- Gastro-Intestinal Issues
- Phantom Pain
- Exaggerated Pain Response

Treatment:
- Being Present In Body –
  - Yoga
  - Dance
- Massage
The Iraq PTSD Study
EMDR Study

- 8 Individuals Diagnosed With PTSD
- EMDR For 1 Year
- All Individuals No Longer Diagnosed With PTSD – Symptoms Gone!

Behavioral Results 2012 -2013:

Individual 1 – “manifestations of trauma” – from 6 to 0
Individual 2 – “excessive crying” – 58 to 13
Individual 3 – “aggression” - 16 to 0
Expressive Therapies
The Healing Center
Grief Work: Goodbye Book and Memory Box
Who Am I?
Positive Identity Development

Negative Identity
- NOT the person who gets the job
- NOT the person who gets married
- NOT the person who drives
- NOT the person who plays on a high school sport team
- NOT the person who is popular or liked
- Not the cool one

Positive Identity
- Who I am
- What I do well
- Who my friends are
- What my preferences are
- Where I make a difference
- What I am proud of
What matters most is how YOU see yourself!
From Recovery to Happiness

Five levels of Happiness:

1. Pleasure
2. Engagement
3. Positive Relationships
4. Achievement
5. Meaning

*Happiness Assessment
The Connections Cruises
Supporting Staff

• Secondary trauma
• Staff’s own trauma history
• Need for de-briefing
• Need for trauma-informed management
Supporting Families and Family Trauma

- Family system trauma
- Stressors on families – high incidents of divorce
- Stress on siblings
- Stress from the system
- Stress from transition
- Stress from mortality
Questions?

karynharvey911@gmail.com

Materials at:
Pid.thenadd.org

Books at Amazon.com
References


References (2)


Thank you!

Thank you for attending our webinar. A record of attendance and a PDF of the PowerPoint are available for download in the Downloads Pod.

Please take a moment to complete a brief survey about this webinar.