

# Trauma-Informed Care for People with Intellectual Disabilities

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# Objectives

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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

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# Statistics on Sources of Trauma

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- 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 abuse 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

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Major Events	Little “t” Trauma
Sexual Abuse	Family Violence
Physical Abuse	Neighborhood Violence
Neglect	Social Exclusion
Negative Events	Exclusion from Family
Grief and Loss	Frequent foster care or group home placements and lack of stability

# Effects of Trauma on the Brain

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# Bucharest Early Intervention Orphan Study – Effects of Neglect

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- 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

<http://www.unicef.bg/public/images/tinybrowser/upload/PPT%20BEIP%20Group%20for%20website.pdf>

# Bucharest Early Intervention Orphan Study

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Issues:	Institution	Foster Care	Biological
Axis 1 Disorders	55%	35%	13%
Emotional Disorders	49%	29%	8%
Behavioral Disorders	32%	25%	6.8%
Intellectual Disability Average IQ Score	73	85	110



# Children Who Stayed in Institutions –Nathan Fox

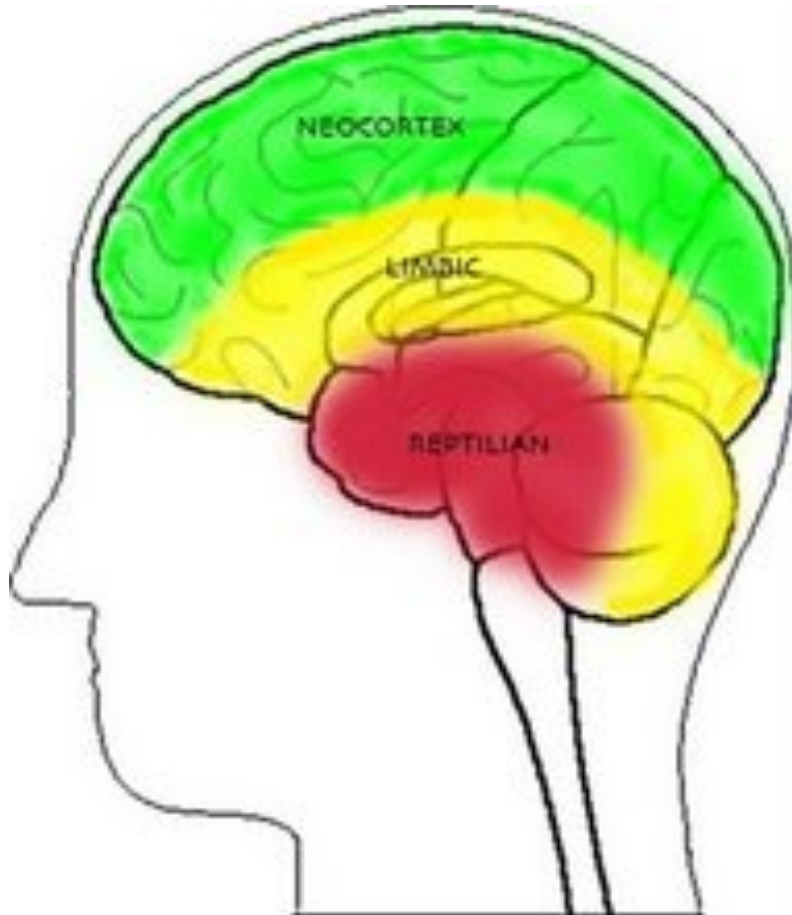
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- Gray matter in brain actually shrunk
- Lower brain activity measured by EEG
- Impairments in Executive Functioning
- Increased Adrenaline levels after 1 year – affects heart, behavior, ability to focus ( looks like ADHD)
- Often abnormally small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

# Psychological Trauma – Past is Present

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How did the brain react?



Neocortex – the rational intellectual tasks

Limbic – the intermediate brain: emotions

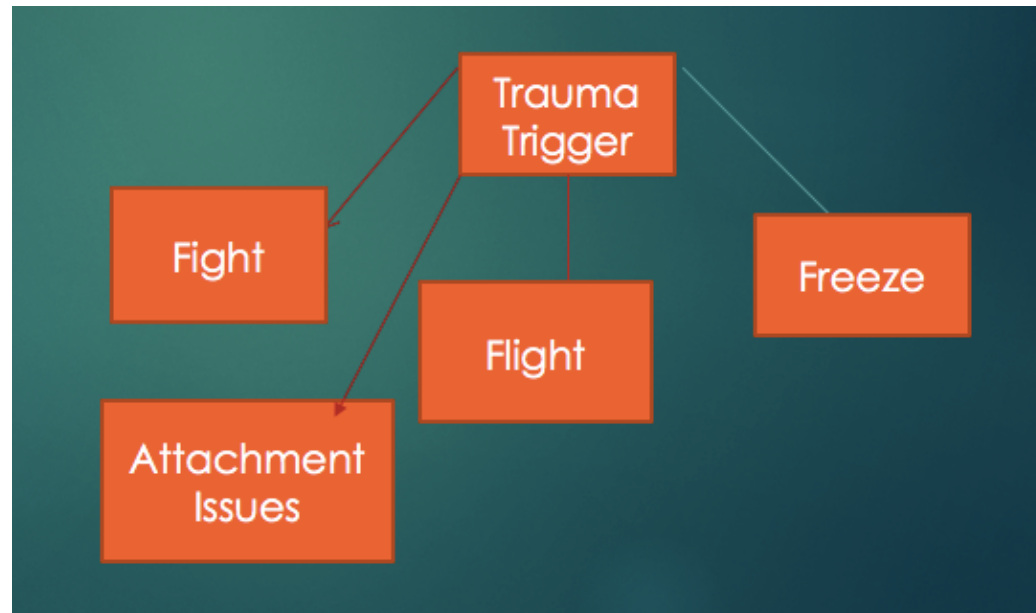
Reptilian – the primitive preservation and aggression

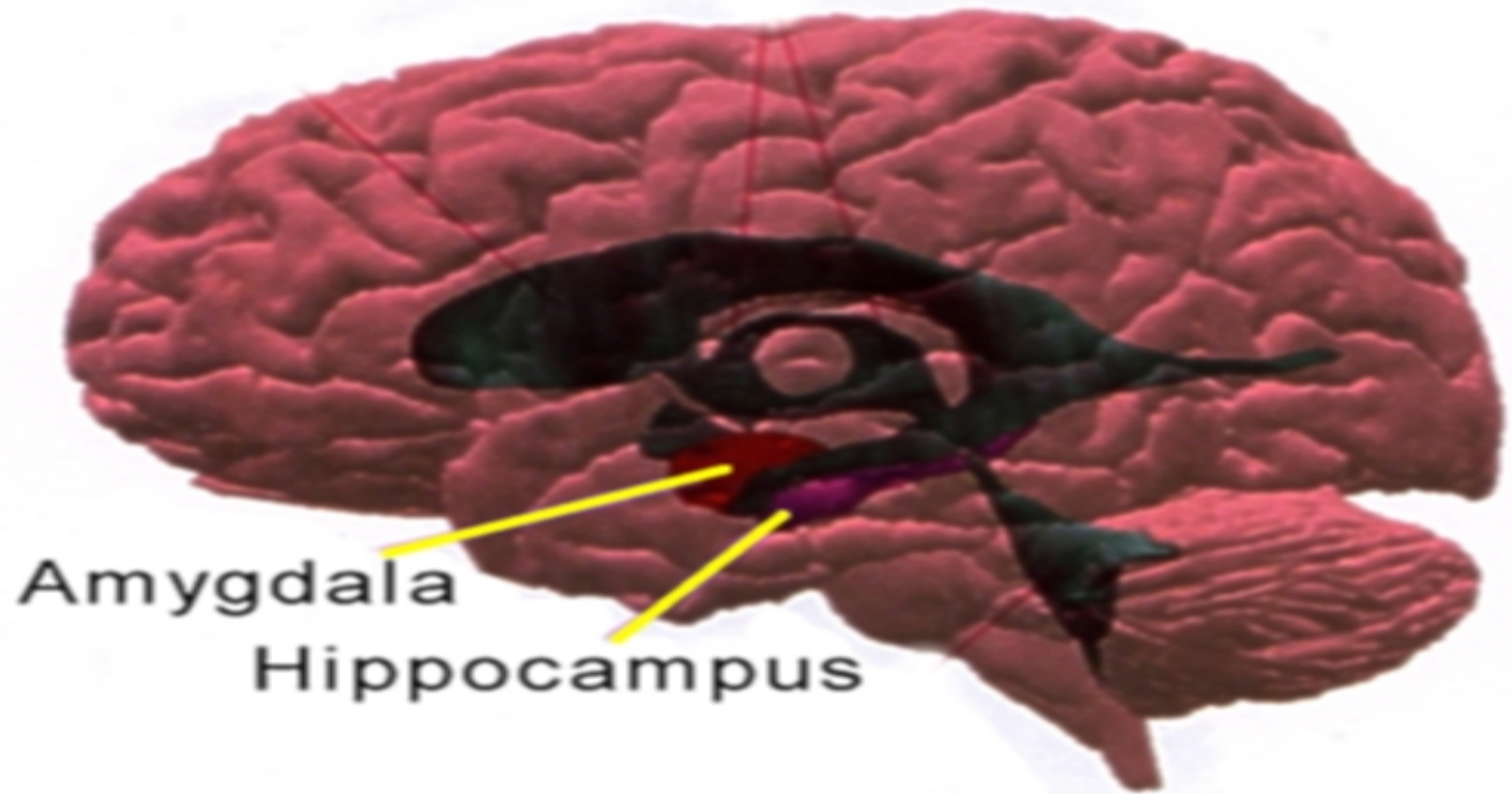
# Trauma Responses Due to “Buttons Pushed”

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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!





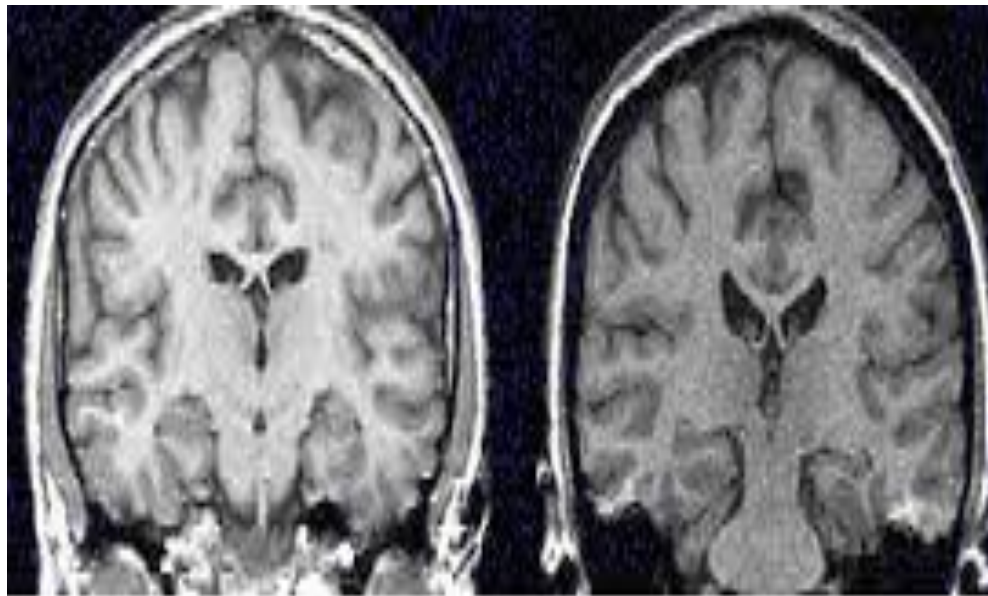
Amygdala

Hippocampus

# Chemistry When Sympathetic Nervous System Is Triggered

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- Cortisol goes from Amygdala to Frontal lobe
- Adrenaline is released and floods the system
- Regions of brain do not communicate and integrate



NORMAL

PTSD

# The Behavioral Pyramid

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**Behavioral Issues:**  
Emotions Expressed  
Often Rooted in Trauma

When we only address  
the behavior,  
we miss the true cause  
and root of difficulties



BEHAVIOR

EMOTION

TRAUMA

# Trauma Response vs. Behavior Response

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- 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
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# 4 Areas of Symptoms of PTSD

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## 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)

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## 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

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# Addressing Trauma for People with IDD

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# The Profile of Trauma in People with I/DD has Changed

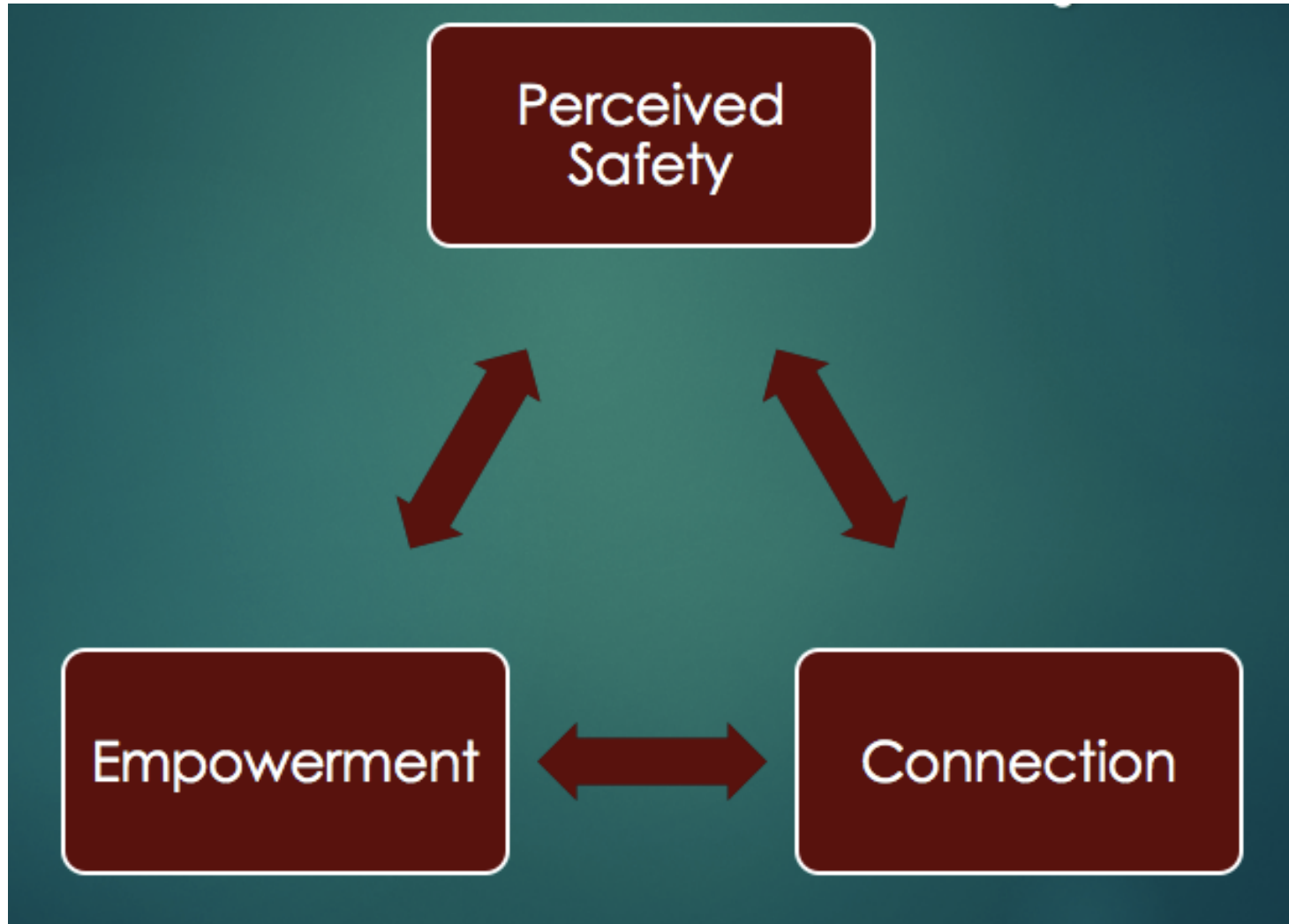
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The brain chemistry of people with I/DD has changed.

- 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

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# What People Need Most

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Sense of Safety

Understanding

Support for Next Steps

Kindness

Empathy



# The Body Stores Trauma

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- Gastro- Intestinal Issues
- Phantom Pain
- Exaggerated Pain Response
  
- Treatment :
  - Being Present In Body –
  - Yoga
  - Dance
  - Massage



# The Iraq PTSD Study

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# EMDR Study

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- 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

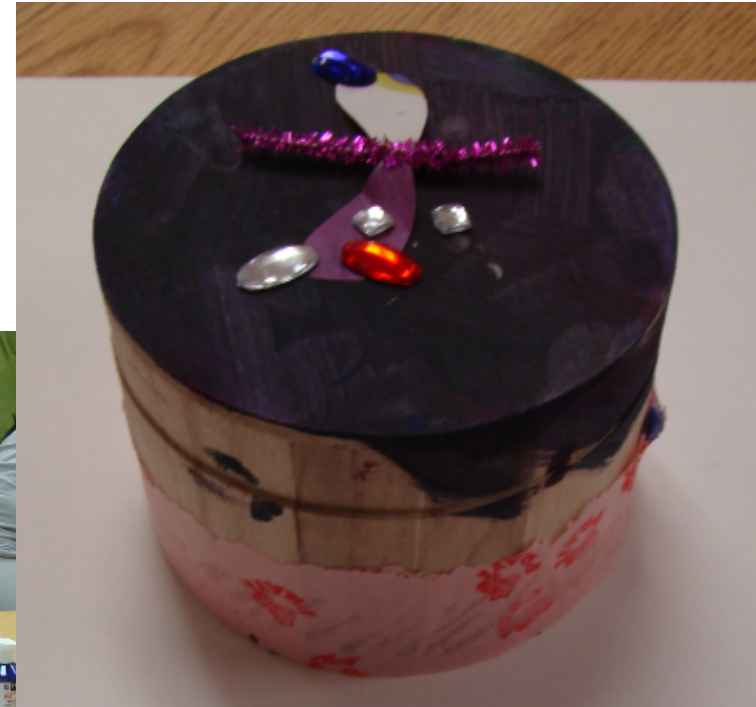
Individual 3 – “aggression” - 16 to 0

# Expressive Therapies



# The Healing Center

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# Grief Work: Goodbye Book and Memory Box

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# Who Am I?

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# Positive Identity Development

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## 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

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Five levels of Happiness:

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

**\*Happiness Assessment**



# The Connections Cruises



# Supporting Staff

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- Secondary trauma
- Staff's own trauma history
- Need for de-briefing
- Need for trauma-informed management

# Supporting Families and Family Trauma

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

# Questions?

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Materials at:

[Pid.thenadd.org](http://Pid.thenadd.org)

Books at [Amazon.com](https://www.amazon.com)

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# Thank you!

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Please take a moment to complete a [brief survey](#) about this webinar.