

TRAUMA INFORMED CARE FOR INDIVIDUALS WITH I/DD

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WHAT IS TRAUMA?

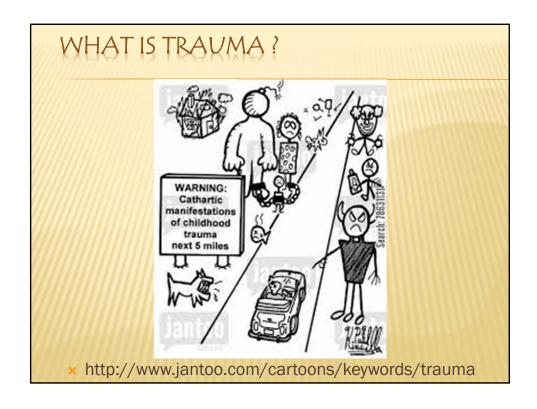
A traumatic event is one in which a person experiences (witnesses or is confronted with):

- >Actual or perceived threat of death
- Actual or perceived threat of serious injury
- > Actual or perceived threat to the physical, emotional, mental integrity of self or another
- Prolonged exposure to repetitive, severe events (abuse, neglect)

Responses to a traumatic event may include

- > Intense fear
- > Helplessness
- Horror
- > Attachment

TRAUMA CAN BE PERSONAL (happens to person, away from others) OR PUBLIC (happens to a community, an area, such as a natural disaster, terrorist attack)



OUR ASSUMPTIONS BEFORE A TRAUMA

Trauma can occur when our basic life assumptions are shattered:

- My world is generally a safe place
- × People are generally good
- × I generally have control of my life

AFTER TRAUMA ...

- * When the world no longer feels safe for us or the person who has the lived experience, how do we respond?
- When people are now viewed as having done "bad things", how do we re-connect with other humans?
- * How does life change when we or the person with the lived experience feels powerlessness or being out of control?

THIS IS THE MOST IMPORTANT SLIDE!

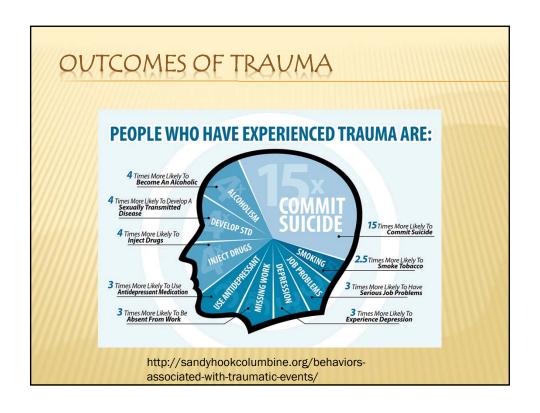
How we need to Think with Trauma Informed Care:

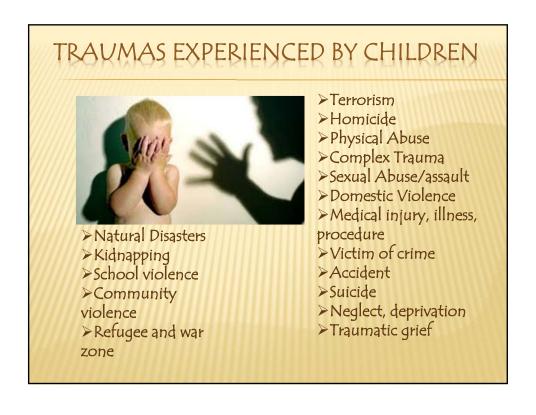
We stop asking:

What is wrong with this person?

We begin asking:

What has happened to this person?





TYPES OF TRAUMA

- Acute: Single incident (crime victim, serious accident, natural disaster)
- Chronic: Repeated, prolonged trauma (domestic violence, abuse, war)
- Complex: chronic, interpersonal trauma; varied and multiple traumas; early onset; often by trusted caregivers: discrimination

COMPLEX TRAUMA EXPERIENCED BY IDD YOUTH

- Feeling different
- Not being accepted
- Not being able to do what others do
- Moving to a new home or significant change at home
- Knowing that one has a disability and is "different" than others
- Not being listened to
- Being misunderstood
- Failing at a task
- Getting confused and overwhelmed



TRAUMA & I/DD

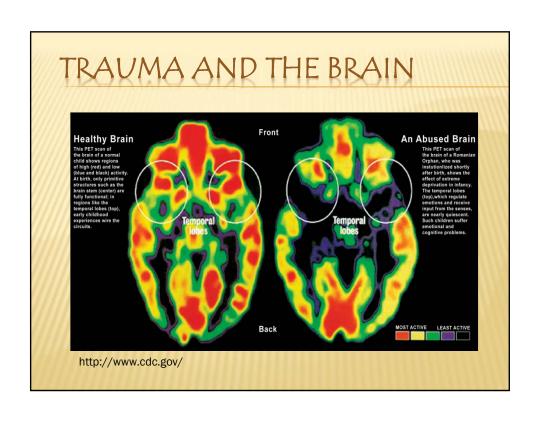
- * High rates of sexual, physical, emotional abuse and neglect
- Upwards of 70% more likely to be abused than non-disabled peers.
- * Sexual Abuse Hingsberger-
- 8 out of 10 females with developmental disabilities have been sexually abused more than once, versus about 1 in 6 of non-disabled.
- 60% males with developmental disabilities have reported abused, versus less than 10% of non-disabled.

TRAUMA AND ASD

- *Sensory perceptions can increase/decrease trauma response
- * Rituals relieve stress
- Perseverations can increase traumatic stress

TRAUMA AND THE BRAIN

- *Limbic system over in overdrive
- *Fight, Flight or Freeze response stuck in "on"
- *Over time, can cause the brain to be "rewired"



Pathological Experience Impaired stress response	Symptoms		Traits shared with autism	
	1. 2.	sensitivity to traumatic reminders alterations in neuroendocrine stress response system	1. 2.	sensitivity to traumatic reminders alterations in neuroendocrine stress response systems
Disturbance in sense of self and identity	1. 2. 3. 4. 5.	suicidality self-mutilation low self-esteem risk-taking alter personalities Depersonalization	1. 2. 3.	self-mutilation low self-esteem Depersonalization
nterpersonal and relationship problems	1. 2. 3. 4. 5.	attachment disorders social withdrawal promiscuity antisocial behavior spouse abuse parenting problems	1. 2.	attachment disorders social withdrawal
ffect dysregulation	1. 2. 3. 4. 5.	use and abuse of substances to regulate mood, sense of self and behavior attentional problems ADHD symptoms impulsivity Hyper vigilance	1. 2. 3. 4.	attentional problems ADHD symptoms impulsivity Hyper vigilance

THIS IS THE MOST IMPROTANT SLIDE! SO I'M SHOWING IT AGAIN...

How we need to Think with Trauma Informed Care: We stop asking:

What is wrong with this person?

We begin asking:

What has happened to this person?

PRACTICING TRAUMA INFORMED CARE

<u>Understand Trauma</u> by recognizing that many behaviors and responses are ways of adapting to and coping with past traumatic experiences.

<u>Promote safety</u> by establishing a safe physical and emotional environment where basic needs are met through ensuring your agency's discipline and behavior management practice do not add new traumatic experiences

<u>Competency</u> by ensuring your responses to behavior are consistent, predictable, and respectful

REMEMBER!!!

- * Recovering from a trauma requires a person to process their events and regain a sense of security about the world.
- * People with a cognitive impairment, may have difficulty processing these events and may need some individualized attention/interventions.

PROTECTIVE FACTORS FROM TRAUMA

- Strong academic and social skills
- Active coping, self-confidence
- External blame for abuse
- Social support
- > Secure attachment
- Positive parenting practices
- Family cohesion, adaptability, hardiness

- >High neighborhood/ school quality
- Strong religious beliefs, cultural identity
- Effective coping and support by parents



TRAUMA & I/DD

- *Don't assume behaviors are due to a disability.
- *Behaviors are learned ways of keeping self physically and mentally safe.

PRACTICE DISCUSSION

- * Pick a client/consumer and come up with a list of Traumas s/he may have experienced in their lives.
- * Remember: acute, complex, and chronic traumas.

RESOURCES

- http://www.nasmhpd.org/TA/nctic.aspx
- * http://www.samhsa.gov/nctic
- http://www.traumainformedcareproject.org/
- <u>http://www.familyhomelessness.org/media/90</u>
 <u>.pdf</u>
- * http://www.thearc.org/what-wedo/resources/fact-sheets/abuse

REFERENCES

- Ammerman, R.T., Van Hasselt, V.B., Hersen, M. Abuse and Neglect in Handicapped Children: A Critical Review, Journal of Family Violence, 3, 1988.
 Corzolino, L.. The Neuroscience of Human Relationships: Attachment and the Developing Social Brain. Norton and Co, 2006.
- DeBellis, M., MD. Developmental Traumatology: The psychological development of maltreated children and its implications for research, treatment and policy, Development and Psychopathology, 13, Cambridge University Press, 2011.
- DeBellis, M., MD. Developmental Traumatology: The psychological development of maltreated children and its implications for research, treatment and policy, Development and Psychopathology, 13, Cambridge University Press, 2011.
- Eisenberger, N. I., Lieberman, M. D. Why It Hurts to Be Left Out: The Neurocognitive Overlap Between Physical and Social Pain, Department of Psychology, University of California, 2003 Harvey, K. Trauma-Informed Behavioral Interventions: What Works and What Doesn't. American Association on Intellectual and Developmental Disabilities. 2012.
- Heller, S. Too Loud, Too Bright, Too Fast, Too Tight: What To Do If You Are Sensory Defensive in an Overstimulating World. HarperCollins, 2002.

 National Research Council (2001). Crime victims with developmental disabilities: Report of a workshop. Committee on Law & Justice. Joan Petersilia, Joseph Foote, and Nancy A. Crowell, editors. Commission on Behavioral and Social Sciences and Education. Washington, D.C: National Academy
- Parlay, Lara. Autism and Trauma: Calming Anxious Brains. Center for Systems Change, 2012.
- Powers, Laurie E., Mary Oschwald. Violence and Abuse Against People with Disabilities: Experiences, barriers and prevention strategies. Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health& Science University. 2004.
- RAINN: Rape, Abuse an Incest National Network. https://www.rainn.org/getinformation/statistics/sexual-assault-victims. 2009