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)
WHAT IS TRAUMA?

http://www.jantoo.com/cartoons/keywords/trauma

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?
OUTCOMES OF TRAUMA

People who have experienced trauma are:

- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 15 times more likely to commit suicide
- 2.5 times more likely to smoke tobacco
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression


TRAUMAS EXPERIENCED BY CHILDREN

- Terrorism
- Homicide
- Physical Abuse
- Complex Trauma
- Sexual Abuse/assault
- Domestic Violence
- Medical injury, illness, procedure
- Victim of crime
- Accident
- Suicide
- Neglect, deprivation
- Traumatic grief

- Natural Disasters
- Kidnapping
- School violence
- Community violence
- Refugee and war zone
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”

http://www.cdc.gov/
OVERLAP OF TRAUMA AND ASD

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<td>Disturbance in sense of self and identity</td>
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<td>Affect dysregulation</td>
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THIS IS THE MOST IMPORTANT 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

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

Promote safety 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.

Competency 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.samhsa.gov/nctic
- http://www.traumainformedcareproject.org/
- http://www.familyhomelessness.org/media/90.pdf
- http://www.thearc.org/what-we-do/resources/fact-sheets/abuse
REFERENCES