

Supporting People With Co-occurring IDD and Mental Health Needs Through a Trauma-Informed Lens

Why This Matters

Many behaviors exhibited by people with intellectual and developmental disabilities (IDD) can be understood in the context of their traumatic histories. For example, noncompliance with directions or lashing out in fear are examples of behaviors that may occur as a result of past trauma.

People with IDD are [more likely than people without disabilities to experience trauma](#). A Bureau of Justice Statistics report confirms that people with disabilities are **victimized almost four times more frequently** than people without disabilities and that those with cognitive disabilities experienced the highest rate of violent victimization.

According to the Substance Abuse Mental Health Services Administration ([SAMHSA](#)), trauma is defined as an event or circumstance resulting in physical, emotional, or life-threatening harm that has lasting adverse effects on a person's mental, physical, or emotional health, social well-being, or spiritual well-being. Trauma can occur due to adverse life events, natural disasters, medical trauma, physical, sexual or emotional abuse, neglect, or prior experiences with the criminal justice system, including victimization.

Having an IDD can affect communication skills and the ability to understand a situation as it happens, so coping mechanisms used to process past or ongoing trauma can result in behaviors and actions that may appear anti-social, aggressive, or noncompliant.

Misinterpretation of behaviors can result in an escalation of the incident and injury to the individual or others. Incorporating elements of trauma-informed response has become recommended practice and can improve communication and enhance safety for all. Trauma-informed responses remind individuals to take trauma into account in every interaction with people with IDD.

"In the 25 years I have practiced psychology in the field of intellectual disability, I have found that approximately 90% of behavioral issues have actually been trauma-based responses.

We may, in fact, be misunderstanding many behavioral issues when the core of these issues is the expression of emotional trauma."

Karyn Harvey, PhD
Author, Psychologist, and Director
of Training and Development, Park
Ave Group

Trauma's Impact on People With IDD

A trauma response will look different from person to person. Examples may include fight or flight responses (using physical aggression or running away) or freeze responses (being unable to move, communicate, or respond). Though these responses may appear calculated or intentional, they may come from an unconscious memory. Anything sparking a memory connected to a traumatic event can trigger emotional responses. The body remembers and may respond even if the mind is unaware of or perplexed by the body's response.

Experts in the IDD field believe that what people may think of as behavioral issues are actually often manifestations of trauma and trauma-based responses. Attempts to address behavioral issues through the use of behavior modification strategies have only increased the trauma they have already experienced. **The root issue—the trauma—is not being addressed**, but rather the focus is on trying to stop or fix the behavior.

Well-meaning attempts to address behavioral issues in people with IDD have only increased the trauma they have already experienced, because the root issue—the trauma—is not being addressed.

To best address concerning behaviors, such as hitting or self-injurious behavior, an understanding and treatment of trauma must be involved. When individuals begin to recover from their trauma, the likelihood that their behavior can begin to change increases. Individuals who apply this understanding to interactions with people with IDD can increase the likelihood of having more effective outcomes.

5 Principles of Trauma-Informed Care

The table below highlights five approaches individuals can consider during interactions with people with IDD.



When a person with IDD feels safe and secure, they are less likely to respond by overreacting during interactions with others. Symptoms of post-traumatic stress disorder (PTSD) can appear as problematic or defiant behavior. When a person with IDD responds to others from a trauma-based mindset, the intent is not to manipulate, but to cope. For example, if a person has been physically or sexually abused, the act of being physically restrained in any manner can trigger a fight, flight, or freeze response. A trauma-informed approach in this situation may decrease the possibility of the interaction escalating. Coping behaviors should not be stopped or discouraged if the behavior helps to calm the person and they are not harming themselves or others.

Using active listening communication skills is key. For example, a non-threatening stance, open body language, and soft tone of voice can have a de-escalating effect, helping the individual feel safe. The safer the individual feels, the less likely they are to use aggressive behavior to communicate.

Direct support professionals are trained to de-escalate potential crisis situations by trying to connect with the individual relationally or emotionally. Empathizing with their trauma, using a genuine and caring tone, actively listening, and identifying ways to help are ways to establish connection. When individuals feel heard, seen, believed, and respected, trauma-based responses and behaviors may decrease.

It is important to first identify if someone may have a developmental disability by [recognizing the basic characteristics of the disability](#). Doing so can alert others to the reality that this person is more likely to have experienced trauma. Second, become familiar with the [Americans with Disabilities Act](#). This can help you learn more about accommodations often needed by people with IDD, including trauma survivors.

“People with developmental disabilities are often the least valued, most ignored, and most vulnerable in their environment.”

Harvey, K. (2012). Trauma-Informed Behavioral Interventions: What Works and What Doesn't. American Association on Intellectual and Developmental Disabilities.

Putting It Into Practice

The five principles of trauma can help guide how you respond and interact with someone with IDD who is experiencing a mental health crisis. Below are some tips for the most effective responses based on trauma-informed care.

Tips for Trauma-Informed Response

- **PRINCIPLE ONE: Ensuring physical and emotional safety**
Use restraints only as a last resort when safe to do so and after attempting less invasive options such as engaging the person with conversation, eye contact, and body language. Maintain an even and respectful tone, use short encouraging phrases, and use postures and body proximity that convey safety and support versus control.
- **PRINCIPLE TWO: Individuals have choice and control**
Identify ways to ensure effective communication by giving the person options on how it is easiest for them to communicate. For example, ask if they use a communication board or some form of technology to communicate, like an app on their phone or iPad. If no assistive device is readily available, consider providing other options such as paper and a pen or a dry erase board with a marker. For those who can't read or write or who are too emotionally overwhelmed to do so, they may be able to draw their thoughts, feelings, or emotions. This can quickly de-escalate a situation because the person feels heard.

- PRINCIPLE THREE: Prioritizing enablement and skill building**

Consider ways to use supported decision-making, which would allow the person to ask a friend, family member, staff member, or someone else they trust to help them better understand the seriousness of their current situation, know what their options are, and make informed choices. For example, a supporter may be able to explain to the person that if their behaviors become harmful to themselves or others, they may have to take them away from their current location. Understanding their options can make them feel more in control, decreasing the fight, flight, or freeze response. The supporter does not make any final decisions for the person but can help them weigh their options and communicate their thoughts or decisions. Speaking up for oneself is a learned skill, especially for people with IDD who grew up in institutional settings or places where there is still an institutional mindset that keeps them from learning how to express what they need or want.
- PRINCIPLE FOUR: Task clarity, consistency, and interpersonal boundaries**

The person may believe they can't trust anyone due to their past trauma experiences. For this reason, it is critical to build a level of connection and trust with the individual, especially if there are repeated incidents with the person. Let the person know you are there to help and connect them to local agencies that can provide support to victims of trauma whether during the response, as a follow-up, or as a form of prevention. This can build a sense of trust, especially with those who have experienced traumatic events. Refer the person to agencies, programs, or professionals such as therapists or counselors with expertise in assisting people with IDD. The counselor can help identify the core reason for their behaviors, address the underlying trauma causing the behavior, and hopefully reduce future incidents. Be very clear with the person about what next steps will be to connect them to a counselor.
- PRINCIPLE FIVE: Sharing decision-making and power**

Instead of telling the person to calm down, which is often ineffective, try listening to them about the cause of their anger and emotional distress. Whenever possible, give them options on what to do in the situation. For example, when looking for a safe space where you can talk privately, give options about where to go and who they would like in the room. This can go a long way in helping the person feel like they can talk openly, express their feelings, and share what they need to feel safe again.

Thank you to Karyn Harvey for her review of this resource.

References

- [Trauma-Informed Behavioral Interventions: What Works and What Doesn't. American Association on Intellectual and Developmental Disabilities](#)
- [SAMHSA's Six Guiding Principles to a Trauma-Informed Approach](#)
- [IACP's Critical Needs](#)
- [IACP's Response to Victims of Crime](#)
- [Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities](#)