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Services

Trauma and Individuals with Intellectual and Developmental Disabilities

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Trauma Informed Care

Objectives

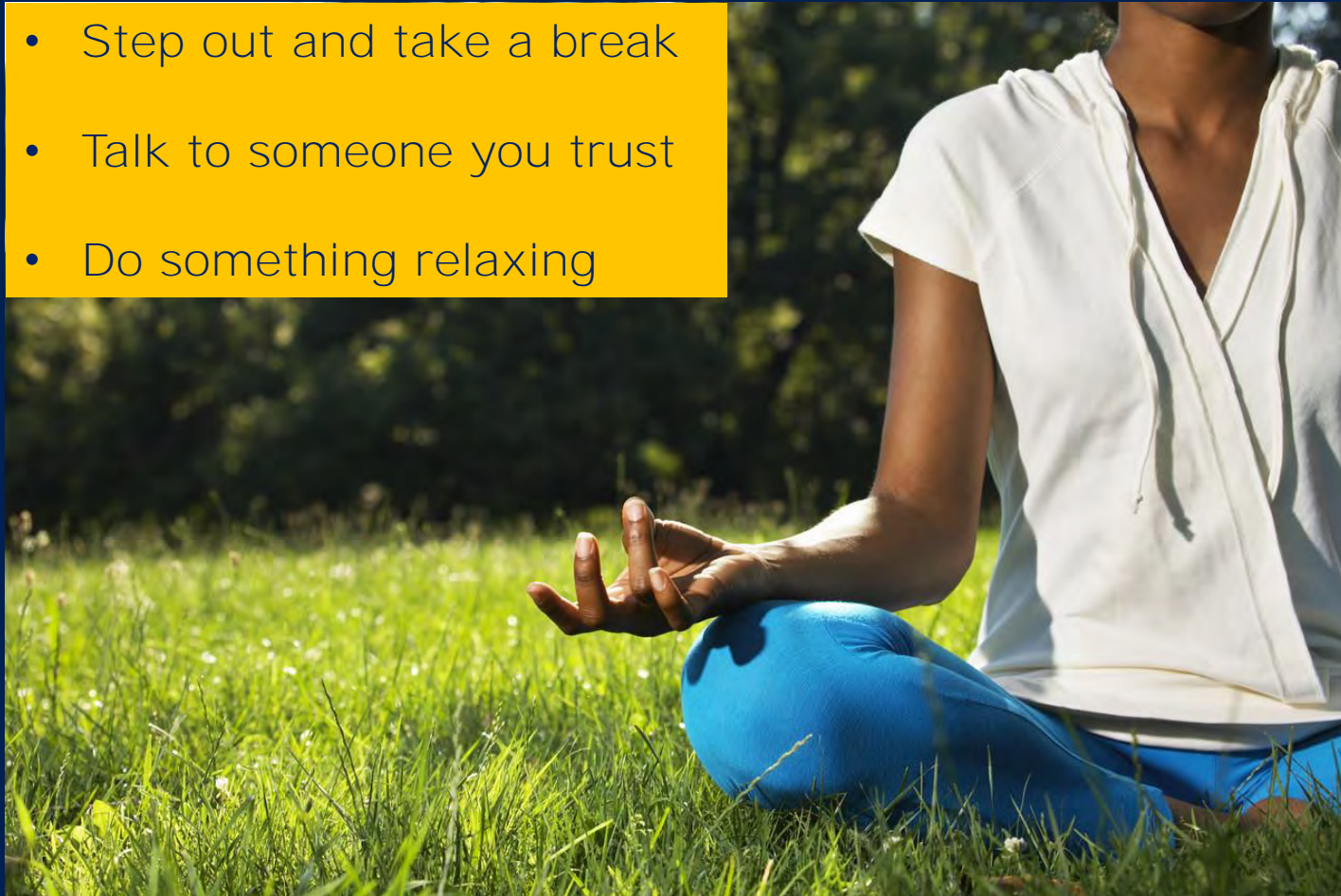


- Trauma and IDD: Scope of the problem
- Impact of trauma on development
- Traumatic stress
- Secondary traumatic stress
- Organizational stress



Self Care Alert

- Step out and take a break
- Talk to someone you trust
- Do something relaxing



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The Diagnostic Complexity of Trauma and IDD



- Situational stressors vs known developmental challenges
- Medical Issues
- Co-occurring conditions
- Traumatic experiences
- Communication challenges
- Challenges accessing supports & services

Trauma and IDD: Scope of the Problem



- Individuals with IDD:
 - At-risk for experiencing trauma
 - Experience high rates of out-of-home placements
- Providers often feel insufficiently equipped to support people with IDD and trauma histories.
- Treatments for individuals with IDD often focus on behavioral compliance.
 - Co-occurring conditions make assessment & appropriate treatment identification more complex.
- Traumatic stress can lead to changes in learning, behavior & physiology—may place individuals at risk for further trauma.

Trauma and IDD: Scope of the Problem



- Individuals with IDD are under-identified and under-served & often lack trauma-informed services when required.
 - Diagnostic overshadowing
 - Inadequate trauma screening & assessment tools
 - Assumptions made about (in)ability to engage in treatment.
- Quality integrated care and intensive case management needed for successful trauma treatment is resource intensive for this population.
 - Fragmented services
 - Low reimbursement rates

At-Risk for Trauma

- 2x as likely to experience emotional neglect, physical & sexual abuse
- 3x more likely to be in families with domestic violence
- 4x more likely to be victims of crime
- Subjected to traumatizing incidents of physical restraint & seclusion
- Have significant higher rates of serious injury compared to non-disabled peers
- Increased risk of psychological distress due to medical procedures
- 2x more likely to be bullied



Type and Timing Matters



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IDD and Trauma in Early Childhood

Developmental Tasks

- Attachment to primary caregiver
- Development of visual and auditory perception
- Recognition of and response to emotional cues
- Develop greater independence and capacity to assess danger

Trauma's Impact

- Changes in eating & sleeping
- Become passive, quiet
- Heightened startle response
- Confusion about what is dangerous and who to go to for protection
- Fear of being separated from familiar people/places
- Engage in regressive behaviors



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IDD and Trauma in Early Childhood



A young child with IDD who has a traumatic experience, may have more difficulty calming down after being scared, and may even become aggressive; it may be harder to reassure him/her

IDD and Trauma in Middle Childhood



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Developmental Tasks

- Manage fears, anxieties, and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger

Trauma's Impact

- Unwanted and intrusive thoughts/images
- Preoccupations with moments from the traumatic experience
- Replay the traumatic event
- Develop intense, specific new fears linking to the original danger
- Oscillate between being avoidant and reckless
- Sleep or concentration challenges

IDD and Trauma in Middle Childhood



A school-aged child with IDD who has a traumatic experience, may have reduced receptive and expressive language skills that make it difficult to communicate about ongoing intrusive thoughts and images.

IDD and Trauma in Late Childhood & Young Adulthood



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Developmental Tasks

- Think abstractly
- Anticipate and consider the consequences of behavior
- Accurately judge danger and safety
- Increase impulse control and ability to defer gratification by thinking through consequences

Trauma's Impact

- May feel embarrassed or angry about bouts of fear and exaggerated physical responses
- Difficulty imagining or planning for the future; decreased motivation for learning
- Low self-esteem and helplessness
- Difficulties with trust
- Reckless or self-destructive behaviors (e.g., drugs, cutting)

IDD and Trauma in Late Childhood & Young Adulthood



An adolescent with IDD who has a traumatic experience during late childhood or young adulthood may experience decreased motivation for learning.

What is Traumatic Stress

- Personally experiencing or witnessing a real or perceived threat to emotional/physical well-being
- Intensity and seriousness of the experience registers in **the individual's body & mind**
- Reactions that persist and interfere with the ability to function even after the traumatic events have ended
- Ongoing pattern of symptoms may be diagnosed as PTSD

Types of Traumatic Stress

- Single traumatic experience (e.g., serious car accident, disasters)
- Experiences that can extend over time (e.g., sexual abuse)
- Experiences that occur together (e.g., domestic violence and physical abuse)
- Experiences that are a mixture of the above



What Can a Provider Do?

- Learn about an individual's moment-to-moment reactions during a traumatic event.
- Ask about trauma reminders
- Ask individuals and caregivers how their perceptions of danger and safety may have changed following the traumatic experience.
- Explore how the cultural background of the individual and their family may be influencing responses to the traumatic experience



Provider Burnout



- Caseload that requires intensive case coordination
 - Need for Advocacy
 - Need for Collateral Engagement
- Longer therapeutic process and treatment times
- Working in a stressed system
- Identifying ways to adapt screening, assessment and interventions takes time

Secondary Traumatic Stress



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What are the types of feelings or situations that might result in STS among providers who work with individuals with IDD?

Effects of Secondary Traumatic Stress

- Dreaming, reexperiencing, or continually thinking about the event
- Trouble sleeping
- Being frequently reminded of the event
- Being avoidant
- Feeling anxious or fearful
- Feeling depressed

Steps to Stress Reduction



Self-care is the ability to engage in helping others without sacrificing other important parts of one's life



Organizational Stress



- Organizations, like individuals, are living, complex, adaptive systems. They are vulnerable to stress, particularly chronic and repetitive stress
- When our organizations are stressed, we are all stressed

Steps to Organizational Stress Reduction

- Practice principles of safety and empowerment
- Share successes and shortcomings
- Ensure regular and reflective supervision sessions
- Support open communication
- Hold multidisciplinary case conferences



Steps to Organizational Stress Reduction

- De-stigmatize providers' personal reactions to the work and prioritize self-care
- Provide mentoring to new professionals
- Support continuing education
- Encourage training on trauma-informed care at all levels
- Provide respite for providers



What Can a Provider Do?

- Identify potential sources, warning signs and effects of STS and organizational stress
- Identify strategies for stress reduction
- Identify wellness activities that could be provided in your organization
- Identify self-care resources that you'd like to explore further



Remember, you can do this work!



The exceptional is ubiquitous; to be entirely typical is the rare and lonely state.

-Andrew Solomon, *Far From the Tree*



Ko, SJ, Pynoos, RS, Griffen, D, Vanderbilt, D & NCTSN Trauma & Idd Expert Panel (2015). The road to recovery: Supporting children with intellectual and developmental disabilities who have experienced trauma. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.



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Thank you!

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