Trauma and Individuals with Intellectual and Developmental Disabilities

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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
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

Pre-trauma  Traumatic Experience  Post-Trauma
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
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

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
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

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)
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 occur together (e.g., domestic violence and physical abuse)
- Experiences that can extend over time (e.g., sexual 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
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*

Thank you!

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