

# Trauma in Individuals with IDD

David O'Neal, MS, LMHC  
IDD Services Director  
Sound Mental Health, Seattle, WA

# Disclosures

Today's speaker has no financial relationships with an ineligible company relevant to this presentation to disclose.

None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

*\*All relevant financial relationships have been mitigated\**



# Objective

Improved recognition of the prevalence and impact of trauma on individuals with IDD

# Trauma's Impact

“Trauma has an impact on the maturation of biological as well as psychological processes. It has been found repeatedly that traumatic exposure disrupts the maturing organism's development of self-regulatory processes, leading to chronic affect dysregulation, destructive behavior toward self and others, learning disabilities, dissociative problems, somatization, and distortions in concepts of self and others.”

-Bessel Van der Kolk

# Early Life Stress (ELS)

- **ELS causes actual changes to the brain**
- **Stress may change the neurochemistry of the Hypothalamic-Pituitary-Adrenal Axis (HPA) so that responses later in life are impaired – “additive risk”:**
  - Baseline atypical brain structures
    - ie smaller hippocampus may predict risk of heightened effects of stress – our case ex. >>>> pituitary adenoma, hypothyroidism
  - Stress-related psychopathology may be greater with baseline abnormalities in the HPA as well

# IDD & Trauma in Early Childhood

## Developmental Tasks

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

## Trauma's Impact

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

# IDD & Trauma in Middle Childhood

## Developmental Tasks

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

## Trauma's Impact

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

# IDD & Trauma in Late Childhood & Young Adulthood

## Developmental Tasks

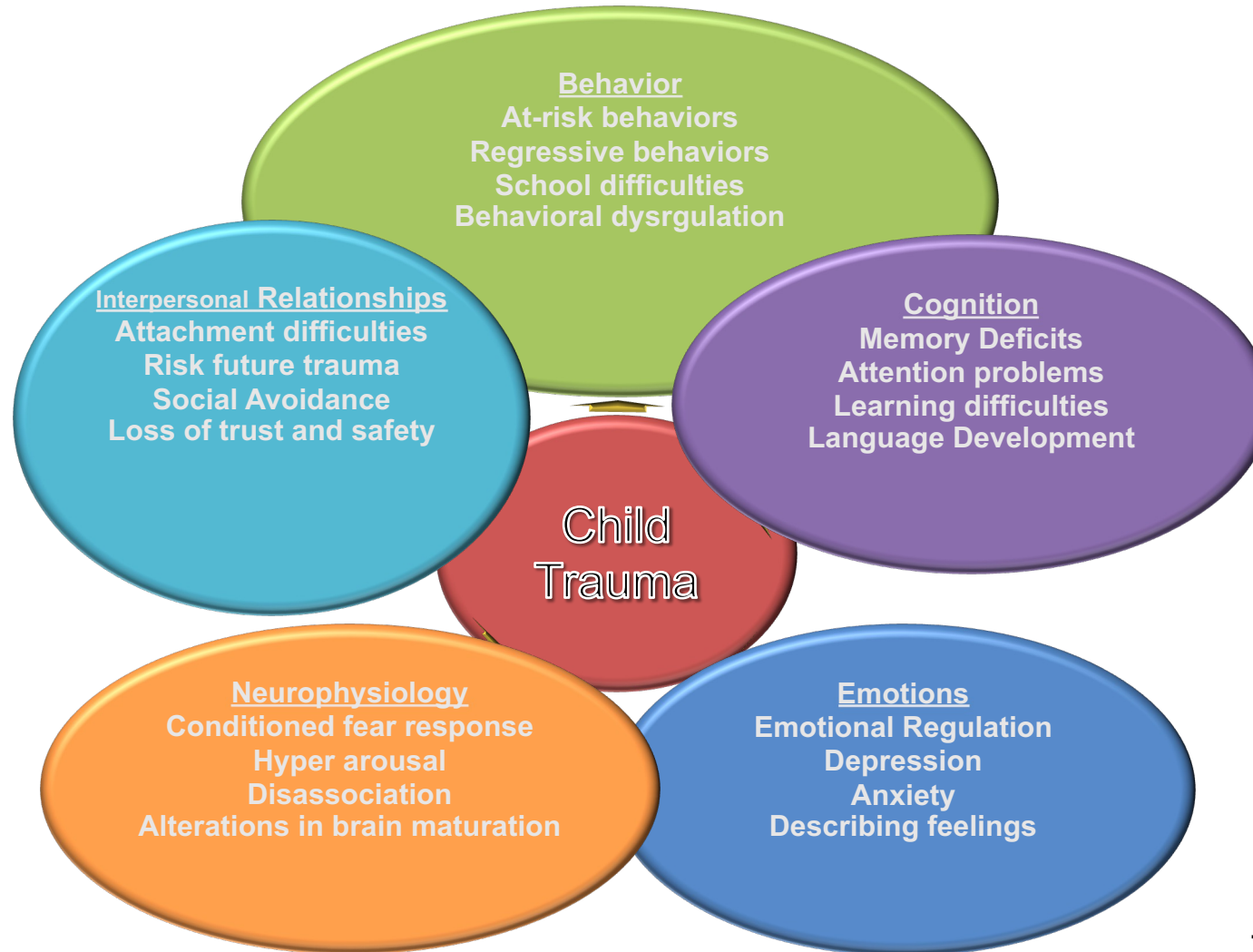
- Think abstractly
- Anticipate & consider the consequences of behavior
- Accurately judge danger & safety
- Increased impulse control & ability to defer gratification by thinking through consequences

## Trauma's Impact

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



# Possible Impact of Traumatic Experience



Zukotynski, NADD, Nov. 2017

# Trauma in IDD

- Individuals with IDD are more likely to experience traumatic events
- Individuals with disabilities are 2-10 times more likely to be sexually abused
- More likely to experience negative life events, such as serious illness or injury
- Life losses may result in complicated or traumatic grief

# DEVELOPMENTAL EFFECTS on Trauma Responses

- "Developmental level has been found to have a major impact on individuals' capacity to cope with traumatic events..."
- "...there are indications that early separation from parents through early institutionalization or hospital admissions, fewer previous experiences in managing negative life events, and a limited capacity for gathering social support may make people with ID more vulnerable for the development of PTSD."
- "...different kinds of problem behaviors can be considered as symptoms of PTSD, such as aggression and anger outbursts, self-injurious behavior, non-compliance, social isolation, sleeping problems, and restlessness."

Mevissen, L., & De Jongh, A. (2010). PTSD and its treatment in people with intellectual disabilities: A review of the literature. *Clinical Psychology Review*, 30(3), 308-316.

# The Good News...

Our brains grow and change all our lives. The brain can build new connections for feeling safe and avoid over-reacting. When we see the search for safety in behavior, how can we use it to promote healing?

# What Does Help?

- Trauma Informed Care
- Positive supports and positive psychology
- Focus on increasing happiness
  - Engagement and attachment
  - Developmentally appropriate expectation
  - Enhancing relationships
- Replacement skills
  - Functional communication
  - Ability to label feelings, calming skills
- Positive identity
  - Focus on strengths
  - Nurtures sense of identity vs. reducing people to their "behavior"

# Empirically Supported Practices

- Child Parent Psychotherapy (0 - 6)
- Attachment and Biobehavioral Catch-Up (birth to 24 months)
- Trauma Focused CBT (3 – 21)
- Eye Movement Desensitization and Reprocessing – EMDR

*The National Child Traumatic Stress Network*  
*[www.NCTSN.org](http://www.NCTSN.org)*

# Increase Safety and Comfort

- Learn trauma triggers
- Planning to increase feelings of safety and attachment
- Real choices to reduce a sense of powerlessness

# Questions

---

**THANK YOU!**

Contact information:

David O'Neal  
david.oneal@sound.health