

# The Impact of Trauma In Individuals with DD

***J.P. Gentile MD***

***Professor, Wright State University***

***Director, Intellectual Disability Psychiatry***

# *Trauma Informed Care*

The world breaks everyone, and at the end, some are stronger at the broken places.

--Ernest Hemingway

# Tia: Impact of Trauma

- 28 year old female with history birth injury (hypoxia; infectious process)
- Significant knee pain
- Loss of job in the community
- History of anxiety, depression
- Medications at intake: Geodon, Celexa

# *Trauma Informed Approaches*

- Research suggests that many people have some form of traumatic event in his or her lives (*SAMSHA, 2010*). Some experts believe as many as 95% of individuals with IDD have some level of traumatic stress. It makes sense to treat **EVERYONE** as if trauma has possibly occurred. Making sure someone feels safe and in control of their own lives will help someone with trauma, and will not hurt anyone who does **NOT** have a history of trauma.

# Trauma Statistics

- **Physical Health:** Trauma in childhood nearly doubles the danger of medical conditions including increased risk of:
  - Obesity
  - Asthma
  - Bruises
  - Traumatic Brain Injuries
  - Burns
  - Sexually-Transmitted Diseases/Unplanned pregnancies
  - Broken Bones
  - Dating Violence

# Trauma Statistics

- **Mental Health**: Trauma exposure has potentially severe consequences for the mental health of children and adolescents across the developmental continuum including:
  - Attachment Disorders
  - Anxiety/Depression
  - Antisocial Behavior
  - **Suicidal Ideation**
  - Post-Traumatic Stress Disorder
  - Self-Injurious Behavior

# “Ordinary” life event trauma may include:

- Feeling different
- Not being accepted
- Not being able to do what others do
- Moving or other big changes at home
- Having a disability and feeling “different” than others
- Being ignored
- Being misunderstood
- Failing at tasks

# Factors that affect trauma outcome

- ✱ Duration
- ✱ Intensity of stressor
- ✱ Time of day
- ✱ Resilience/coping skills
- ✱ Warning/ No warning
- ✱ Scope/Numbers affected
- ✱ Support system during and after traumatic event(s)

“Sit in the chair”

--Jerald Kay MD

# *Aggression: A Behavior*

- TRAUMA HISTORY
- Means of expressing frustration
- Learned problem behavior
- Expression of physical pain or acute medical condition
- Means of communication
- Signal of acute psychiatric problem
- Regression in situations of stress, pain, change in routine, or novelty

# Bio-Psycho-Social-Developmental Formulation

- *A complete gathering of information through client interview, discussion with family members and/or caretakers, review of clinical records, and contact with collaborating agencies that leads to a formulation, diagnoses and treatment plan. The goal is to address and understand the developmental needs of the individual in a meaningful way utilizing Trauma Informed Care principles as a universal precaution.*

# Biological Aspects of Trauma

- 85% have untreated, under-treated or undiagnosed medical problems
- worsened by restrictions on care (labs, office visit frequency and length)
- medications used in ways they were never intended, in unsafe ways, with abbreviated monitoring protocols

# Shawn

- 19 year old female with Mild ID
- Extensive trauma history, including abandonment by family of origin after sexual/physical abuse and human trafficking
- Trauma interventions: accurate diagnosis; appropriate medications, psychotherapy, employment, peer and staff relationships
- **Goal: Safe and in control** in the room and eventually outside the room

# Developmental Stages

- Mild ID ~ Adolescence ~ 12-17 Years
- Mild/Moderate ID ~ School Age ~ 6-11 Years
- Mod/Severe ID ~ Young Children ~ 2-6 Years

# The Impact of Trauma

- Understanding the trauma experience at each developmental stage

# *Severe/Moderate ID; Ages 2-6*

- May **regress** behaviorally (enuresis/encopresis, thumb-sucking, fetal position, etc.) in response to stress
- May not understand that some losses are permanent (Where's Russell?)
- Responses are behavioral or somatic
- Will SHOW you that he/she is upset, rather than tell you

# Trauma Experience:

## Mild/Moderate ID; Ages 6-11

- May over-estimate or under-estimate the seriousness of situations (knowledge is power)
- Use imagination to ‘fill in the blanks’ when limited or no information is given to them (“The staff left because of me”)

# Trauma Experience: Mild/Moderate ID; Ages 6-11

- Can experience significant grief/loss reactions, even if loss expected (complicated grief processes)
- Need routine, predictability, and behavioral limits to re-establish feelings of safety and security (What/who is home base for you?)
- May imagine illness, injury or pain (physical or emotional) are punishments for past wrong doing

# Trauma Interventions

- Trauma interventions at each developmental stage

# Trauma Interventions: Severe/Moderate; Ages 2-6

- Provide him/her with a SAFE ZONE in the environment where everything is predictable, routinized and controlled
- Encourage expression of emotions (SIGNALS) through play, drawing or storytelling

# Trauma Interventions: Moderate/Mild; Ages 6-11

- Address distortions and magical thinking and help ‘fill in the blanks’ with realistic information
- Help them create a coherent story to tell others about when happened or what will happen “I gave my cell phone number out”

# Trauma Interventions: Moderate/Mild; Ages 6-11

- Help them acknowledge the bad things that have happened, and balance it with good
- Ask open ended questions about what they are imagining

# Trauma Interventions: Mild; Ages 11-17

- Provide concrete explanations for what is happening, what will happen next, and for potentially traumatic sights and sounds in the environment (Norwegian ship wreck)
- Allow them time to acknowledge losses and to grieve (Soccer practice is Tuesday)

# TRAUMA

- Trauma syndromes have a common pathway
- Recovery syndromes have a common pathway
  - Establish safety
  - Reconstruct story
  - Restore connections

# Tonya

- 16 year old female
- History of Mild ID
- Recent months exhibited irritability, depression, insomnia, delusions
- 4 hospitalizations in 5 weeks
- Disrobing, verbally/physically assaultive, running into traffic, hypersexual
- EXTENSIVE TRAUMA HISTORY

# Tonya

- Diagnoses
  - Major depressive disorder
  - Schizophrenia, paranoid type
  - Schizoaffective disorder, bipolar type
  - Obsessive compulsive disorder
  - Bipolar disorder
  - Autistic disorder
  - Aspergers syndrome
  - Post-traumatic stress disorder
  - Borderline Personality disorder
  - Antisocial Personality disorder

# Tonya

- Topomax
- Tegretol
- Lithium
- Geodon
- Abilify
- Haldol
- Trazodone
- Xanax
- Celexa
- Effexor XR
- Synthroid
- Tagamet
- Ativan
- Cogentin

# Trauma Symptoms: Impact

- Three categories:
- Hyper-arousal
- Intrusion
- Constriction

# Hyper arousal

- Shattered fight or flight: permanent alert
- Chronic or random physiological phenomena may persist
- Irritability; explosive aggression
- Repetitive stimuli: perceived as new and dangerous crisis increased arousal even during sleep
- Do you feel you need to defend yourself?

# Intrusion

- Relive trauma in THOUGHTS, DREAMS and BEHAVIORS; as if time stops at moment of trauma
- Post traumatic behavior is often obsessive, repetitive and literal
- Theme is control in many aspects
- FLASHBACKS: while awake
- NIGHTMARES: while asleep

# Constriction

- State of surrender
- Self defense shuts down
- Escapes not by action, but by altering state of consciousness
- Can't remember important aspects of trauma
- Possible alterations in pain perception?

# Abused children....

- ...must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is unpredictable, power in a situation of helplessness.....

--Judith Lewis Herman

# Healing

- Survivors hold the power to heal and recover
- Do not need to include perpetrators, family or others in the process
- The work is done in the room

# Recovery

- Allow patients to save themselves
- Be cognizant of your role
- Not a savior or rescuer
- Facilitator, support
- Help reinstate renewed control
- The more helpless, dependent and incompetent the patient feels, the worse the symptoms become (couples therapy)

# The Contract

- Commitment to the future
- Commitment to moving forward
- Commitment to health and well being
- Clarify roles

# Summary

- All behavior is purposeful
- It is a myth that those with IDD cannot recover from trauma and benefit from the full range of MH services
- *Recovery begins when the survivor tells the trauma story*

# Contact Information:

- [julie.gentile@wright.edu](mailto:julie.gentile@wright.edu)
- J.P. Gentile MD
- Professor, Wright State University
- Director, Ohio's CCOE in MI/ID