The Impact of Trauma In Individuals with DD

J.P. Gentile MD
Professor, Wright State University
Director, Intellectual Disability Psychiatry
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 is 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
• J.P. Gentile MD
• Professor, Wright State University
• Director, Ohio’s CCOE in MI/ID