

Presented by:

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**RECOGNIZING AND RESPONDING TO
TRAUMA IN INDIVIDUALS WITH IDD**

WHAT IS TRAUMA AND TOXIC STRESS?

How To Recognize It In Those We Serve

Trauma

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DSM-5:

Exposure to

Witnessing of

Learning of...

An event involving actual, threatened or perceived death, serious injury or threat.

Neuroscience

(van der Kolk, 2015):

Any event that sets off your fight or flight response in which you cannot fight or flee.

Single Incident vs. Complex Trauma

(Herman, 1992)

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Single Incident Trauma =

- ▣ Perceived life threatening situation with intense fear response
- ▣ Intrusive, avoidant, and hyperarousal symptoms present

Complex Trauma =

- ▣ A history of prolonged or repeated totalitarian control with resulting
- ▣ Alterations in
 - Affect regulation
 - Consciousness
 - Self perception
 - Perceptions of the perpetrator
 - Relations with others
 - **Systems of meaning**

Adverse Childhood Experiences (ACE) Factors

Red = humiliation

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ABUSE

- Psychological/Emotional
- Physical
- Sexual
- Emotional Neglect
- Physical Neglect (includes food insecurity)

HOUSEHOLD

- Substance Abuse
- Mental Illness
- Loss of a Parent
- Mother treated violently
- Imprisoned household member (a stigmatized loss)

More ACES = More Adverse Effects & More Vulnerability to Being Trafficked

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Behavioral Health Effects

- Smoking
- Re-victimization
- Teen pregnancy
- Poor job performance
- Violent relationships
- Alcoholism/Substance Abuse
- Depression
- Suicide

Physical Health Effects

- Fractures
- Chronic Obstructive Pulmonary Disorder (COPD)
- Heart Disease
- Diabetes
- Obesity
- Hepatitis
- Sexually transmitted diseases (STDs)
- Early Death

Additional IDD Factors Connected with **Humiliation**, Related to Higher Rates of Toxic Stress & Risk for Trafficking

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- Use of isolation to control behavior
- Naturally occurring isolation
- Lower levels of social skills and social support
- An experience of learned helplessness
- Heightened family and maternal stress/depression
- Decreased adaptive coping styles
- Unrecognized trauma and abuse
- Low socioeconomic level

(Burke, 2013)

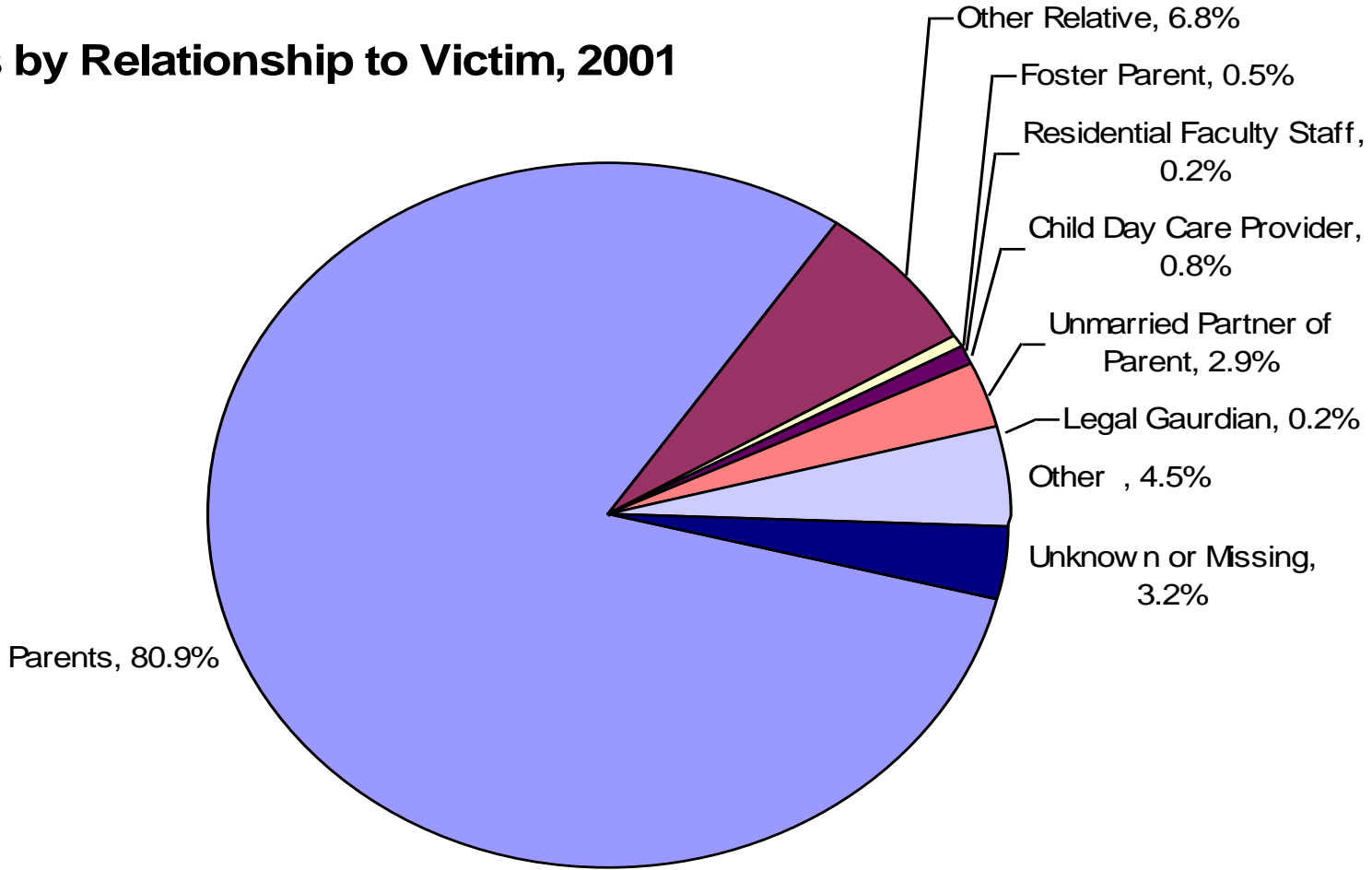
Specific risk factors for individuals with IDD

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- Social powerlessness
- Communication skill deficits
- Diminished ability to protect one self due to:
 - Lack of instruction on how to self protect
 - Limited resources
 - Limited to no ability to perceive treachery
 - Limited or inability to detect who is safe to be around

Perpetrators

Perpetrators by Relationship to Victim, 2001



Who are the perpetrators?

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Mostly people they depend on to protect them:

- 80% by Parents
- 10% by other Relatives, Partners, Guardians
- 1.5% by staff

- **91.5% of abusers are people charged with the care of those they abuse!**

What is Safety and Why Does It Matter?

Safety is the
Cornerstone of
our ability to
Connect and
Regulate.



Types of Safety

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□ Physical Safety:

The ability to keep one's body safe from harm.

Types of Safety

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- **Psychological/Emotional Safety:** The ability to be safe with one's self and other, and having access to environments where it is safe to express yourself & your feelings





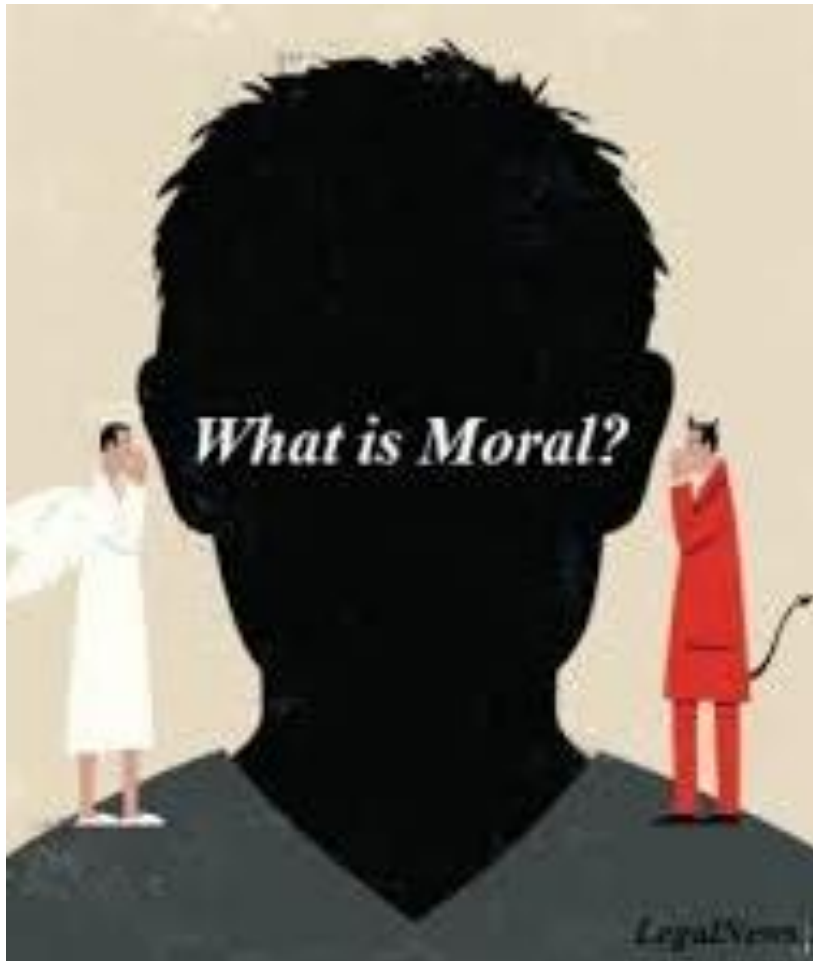
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Types of Safety

Social Safety: The ability to be safe in groups, which includes people respecting each other and their differences.

Types of Safety

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□ Moral Safety:

Access to environments that support honesty and justice. For example not being asked to keep secrets for anyone.

Felt Safety in the Modern Age

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General Population

- According to the ACE study 28% - 40% of our population have experienced at least one ACE (Felitti, 1997).
- Sexual Abuse: 1 in 5 males prior to age 18
- 1 in 3 females prior to age 18 (Schupp, 2004)
- Adverse Life Experiences (ALEs): 1 in 5 females will be sexually assaulted at college

DD Population

- Valenti-Hein & Schwartz (1995) show that 33% - 90% have experienced trauma
- Females with mild ID sexual abuse is 5 x higher
- Males with moderate to severe IDD

Trauma = Feeling Unsafe

Feeling Unsafe = Feeling:

Unnoticed, unimportant

Vulnerable

Lost

Unwanted, Unworthy

Trapped

Behavioral Response:

Attention Seeking

Agitation, bullying

Risk Taking

Disinterested in Life

Self-injury

When ...

I am feeling

Unwanted, unworthy,
disinterested in life, full
of self hatred &
deserving of harm

Trapped & am self
injurious...

I need

To be included, affirmations,
encouragement & reasons to
care & people to care about
me.

Attention to my pain, a band
aid, nurturance, to be asked,
“How can I help you feel
safe?”

When...

I am

Feeling Unnoticed and unimportant and I am attention seeking...

Feeling vulnerable & hiding it behind agitation and bullying...

Feeling lost & risk taking...

I need

Positive Attention like a job, task or way to help someone or in some way

Limits connected with safety.

Physical activity & sensory integration (rhythmic movement)

Crossing the Bridge to the Neurobiological Purpose of Behavior

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Standing in the middle of the
bridge...Traditional View:

1. Attention
2. Escape
3. Tangibles
4. Bored
5. Pain

Making it to the other
side...We all want: (Burke,
2014)

1. To feel connected,
accepted & loved
2. To feel safe & secure
3. To have some say in
your life
4. To have a purpose in
life
5. We are ALL
HARDWIRED to avoid pain

Recognizing Trauma

What behavior might be telling us about someone's trauma history

Cautions and Red Flags

Common Reactions To Trauma

(Tizanno, 2014)

www.viewsfromatreehouse.com

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Physical Reactions

- Jittery
- Dizziness
- Muscle tension
- Rapid heartbeat
- Upset stomach
- Easily startled
- Fatigue
- Spacey
- Teeth grinding
- Difficulty concentrating
- Trouble breathing
- Flinching

Emotional Reactions

- Fear, inability to feel safe even in safe environments
- Feeling helpless and hopeless
- Sadness, grief, depression
- Loss of joy
- Anger, irritability
- Guilt
- Apathy, Numbness, lack of feeling
- Emptiness
- Blunted and then extreme emotions
- Despair

Common Reactions To Trauma

(Tizanno, 2014)

www.viewsfromatreehouse.com

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Cognitive Reactions

- Changes in the way one thinks about self, other people and the world
- Being reminded of the trauma or frightened by simple events
- Hypervigilance
- Loss of trust
- Intrusive images, voices & feelings which can appear as oppositional behavior or aggression
- Loss of self-esteem
- Nightmares
- Denial
- Difficulty focusing or making decisions
- Self-denigrating
- Spaceyness or blank stares
- Inability to sequence, problem solve or execute action (turning thoughts into actions)

Behavioral Reactions

(Tizanno, 2014)

www.viewsfromatreehouse.com

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- ❑ Alcohol and/or drug abuse
- ❑ Avoidance of situations
- ❑ Exaggerated startle response
- ❑ Isolation from others
- ❑ Change in sexual behavior
- ❑ Physical complaints
- ❑ Neglect of hygiene, health and daily activities
- ❑ Anger outbursts

Posttraumatic Play Vs. Normal Play

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Posttraumatic Play is

- Intense
- Joyless
- Repetitive
- Often self focused

Normal Play is

- Spontaneous
- Joyful
- Creative and varies over time
- Seeks to share enjoyment with others

Re-Enactment

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Is intense, joyless repetitive interactions, actions, play or drawing that represents or re-enacts the trauma. This is done on an “unconscious” (implicit memory) level.

Types of Problem Sexual Behaviors that Can Arise from Re- enactment

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- Sexually preoccupied (thought, language, art, tunnel vision)
- Compulsive behaviors, such as excessive masturbation, often not responsive to limits
- Sexual acting out on others

These precocious sexualized behaviors occur only through experience or exposure



Biologically Based Fear Responses AKA Looking for Dopamine in all the Wrong Places

Strategies for disconnection are an intense yearning for connection in an atmosphere of fear.

Maureen Walker

Biologically Based Fear Responses (Forbes & Post, 2007) AKA Looking for Dopamine in All the Wrong Places

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Addictions

1. Drugs
2. Gambling

Food issues

1. Gorging
2. Starving
3. Purging

Self harm

1. Manipulating
2. Lying
3. Stealing
4. Hoarding
5. Aggression

The Lose – Lose of Power Struggles

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If you WIN the Power Struggle...

You are now associated with the perpetrator; the person who had power over them and hurt them.

If you LOSE the Power Struggle:

You are now associated with the person who did not protect them.

Lying is Learned When

Reality is not
allowed to be
real

The truth is what
you need it to
be to get the job
done

Workbook P. 28

Interventions for Lying

Identify their goal -

Their perceived need for the lie.

1. To Avoid Punishment?
2. To access a perceived need?
3. To solve a problem?

Workbook P. 28 -29

Chal- lenges Struggles	Strength Suc- cesses	I am Feeling	I need	Interventions What interventions would help with these needs?	Person Responsible for the intervention (i.e.: CPST/therapist/parent/M D, etc.) (if known)
Lying	Determined & Creative	Afraid of Punishment	To be told & shown that this is a safe place to make a mistake and tell the truth.	<ol style="list-style-type: none"> 1. Identify safe people to ask. 2. Develop with them the words to tell what really happened. 3. Practice saying what happened 4. Highlighting that they are still safe. 	Who could help with this in your system? Name all people & their roles that apply.
Lying	Deter- mined & Creative	Trying to meet a perceived need	Help identifying the need & finding a new way to meet it.	Focus & reflect the underlying wish /need not the accuracy of the content. E.g. "It would be great to be able to..."	Therapists can help them explore the wish & staff can help them meet the need in another way.

Challenges Struggles	Strength Successes	I am Feeling	I need	Interventions What interventions would help with these needs?	Person Responsible for the intervention (i.e.: CPST/therapist/parent/M D, etc.) (if known)
<p>Lying</p>	<p>Determined & Creative</p>	<p>Trying to solve a problem</p>	<p>Without being shamed help exploring other ways to solve the problem.</p>	<ol style="list-style-type: none"> 1. Help them identify the problem. 2. Empathically reflect back to them the problem as they see it. 3. Collaboratively problem solve (CPS) 4. Use their creativity to help them develop a plan with concrete steps. 	<p>Who could help with this in your system? Name all people & their roles that apply.</p> <p>On some teams the behavior specialists helps with this & helps the team members learn how to do this.</p>

Intervention for Denial

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“Right now I know it’s important for you to believe that you did not do that, but we’re going to keep talking about and working on these things.”

~Eliana Gil, (2013)

Manipulation

(The consolation prize of the disenfranchised)

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- Is nothing more than a survival skill learned by those who do not have direct access to the resources they need to survive.

- To address manipulation, teach individuals how to:
 - ▣ directly seek what they need
 - ▣ when it is safe to do so and
 - ▣ Identify and teach the safe adults in their lives to respond directly.

Workbook P. 29

Challenges Struggles	Strength Successes	I am Feeling	I need	Interventions What interventions would help with these needs?	Person Responsible for the intervention (i.e.: CPST/therapist/parent/M D, etc.) (if known)
Manipulation	Determined & Creative	Afraid of asking directly for what I need or want	Practice with safe people directly asking for what I need or want	<ol style="list-style-type: none"> 1. Without shaming, help them identify the difference between wants & needs. 2. Identify safe people to ask. 3. Develop with them the words to ask directly. 4. Practice asking directly 5. Rinse & Repeat 	Who could help with this in your system? Name all people & their roles that apply.

The Top 5 Things to Remember When Addressing Biologically Based Fear Responses

Irritation Equals Fear (Forbes & Post, 2007)

All behavior is purposeful (Sigmund Freud)

Everything an abused person does after the abuse is designed to give them a sense of safety (Gil, 1991)

Connect Limits with safety (Use the Safety Script)

The one whose amygdala is calm wins! (Forbes & Post, 2007)

The Anger Onion

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In the brain...

Irritation = Fear

(Forbes & Post, 2007)

You will see or feel anger,
aggression, risk taking &
self-injurious behavior...

rather than sadness or fear



THE ESSENTIAL ELEMENT OF TRAUMA
INFORMED CARE IS CHANGING THE
QUESTION FROM:

What's wrong with you?

To...

What happened to you?

And

What did you do to survive?

Reframing the Problem: What Did They Do To Survive?

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- ❑ ACES are the nation's most basic health problem. (Garner,)
- ❑ What presents as “the problem” is actually what the person did to survive.
- ❑ Do not mistake what the person did to survive as the problem.
- ❑ You cannot take away what they did to survive (the problem behavior) without giving them a safe replacement behavior.
- ❑ The brain will fight any change that includes removing a behavior instead of replacing it with something else.



But, what can I do?

Healing the Pain

One Interaction at a Time

Seeking Safety

Everything an abused person does after the abuse is designed to give them a sense of safety.

~ Eliana Gil

And when they share their trauma, what do I say?

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- 1. Reflect** back to them with compassion what you heard.
- 2. Honor** their courage for surviving and sharing. “You have worked hard to survive. Thank you for sharing what happened and what you did to survive with me.”
- 3. Connect** them with safety & supports.

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How to create and promote feelings of safety

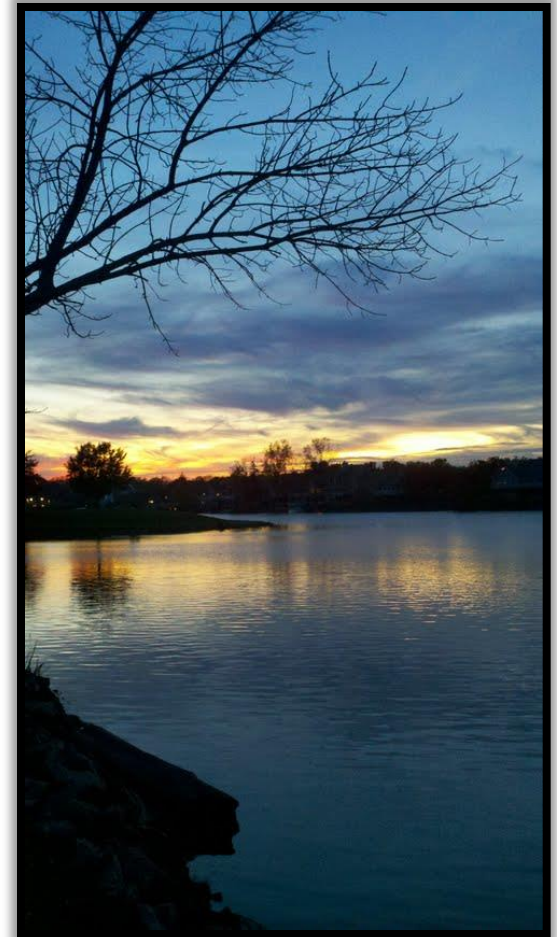
Safety First:

Mary Vicario, LPCC-S

Building Your Life Raft/What Floats Your Boat?

1. What Activities Soothe You (Doing, Seeing, Touching, Smelling)
2. What Activities Give You Joy or Lift You Up (Doing, Seeing, Touching, Smelling)
3. What Music Soothes You
4. What Music Gives You Joy
5. How or what gives you a sense of play
6. Who You Gonna Call?

Trauma Informed Supports: What Brain Science Tells Us
About What Works Mary Vicario, LPCC-S



Trauma Treatment Options for Individuals with ID/DD

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- Sensorimotor Psychotherapy or Sensory Integration Psychotherapy
- Adapted Dialectical Behavior Therapy (DBT)
 - ▣ This adaptation work is being done in Franklin, Hamilton and Clermont Counties
- Interactive Behavior Therapy (IBT) developed by Nancy Razza & Daniel Tomasulo
- Problem Sexual Behaviors Therapy developed by Eliana Gil
- Trauma Focused – Individual Play Therapy (TF-IPT) developed by Eliana Gil

Tips for Explaining Therapy: Making Therapy Make Sense

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Stress that therapy is **NOT** a punishment or a consequence for behavior.

- **NEVER SAY:** “I am going to tell your therapist on you.” Therapist **ARE NOT** principals.
- **Say:** It is a safe place to talk about anything you want.
- **Say:** What you tell this person, they do not tell anyone unless you want them to tell or unless someone is hurting you and then they will help you be safe.

Tips for Explaining Therapy: Making Therapy Make Sense

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- **Say:** That they do not have to talk with the therapist. People cannot say yes, until they are allowed to say no. After a lifetime of being taught compliance, it is important for them to understand that therapy is a choice.
- **Do not** expect the therapist to tell you what the person you support has discussed.
- **Do** ask the therapist for help with ways to assist the person you support in feel safe. They can help you replace control with comfort.

The Top 5 Resilience Factors

5. Autonomy (Agency):

What do I have control over?

What decisions can I make for my life?

How do I define power and control?

How do I use & how do I want to use my powers of influence?

The Top 5 Resilience Factors

4. Self Esteem

A. Sense of Self – Personal Preferences
likes & dislikes

B. Sense of Self – Worth
When do you feel loved and valued.

C. Sense of Self-efficacy –
How do I affect change? How do I make things
happen?

The Top 5 Resilience Factors

3. External Support Systems

Friends

Pets

Extended Family

Neighbors

People at Church

Even Positive Fantasy

The Top 5 Resilience Factors

2. **Affiliation** (with a cohesive supportive group that works together toward a positive goal)

- Scouts
- Sports
- 4 H
- Church Youth Group
- Games for Change
- SPARK - Lynn Michael Brown

The Top 5 Resilience Factors

The word "YOU!!!" is rendered in a large, bold, sans-serif font. Each letter is filled with a different color from a rainbow spectrum: 'Y' is pink, 'O' is orange, 'U' is yellow, the first '!' is green, the second '!' is teal, the third '!' is blue, and the fourth '!' is purple. The text is set against a white background and casts a soft, grey shadow to its left and slightly downwards.

Positive Experiences with people outside the abusive environment, especially people in positions of authority



To embrace the power of relationship will change society as well as psychology ~ Jean Baker Miller

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