

# TRAUMA-INFORMED SUPPORTS



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Materials at:

[Pid.thenadd.org](http://Pid.thenadd.org)

Books at [Amazon.com](http://Amazon.com)

# Sources of Trauma for Individuals with IDD

- Report on Abuse of People with Disabilities - 2013 Spectrum Institute
- Over 70% of people with Disabilities report being victims of abuse- 90% of them said it was on multiple occasions
- Only 37% reported the abuse to the authorities Sexual Abuse - Hingsberger - 8 out of 10 females sexually abused more than once with developmental disabilities Males - 6 out of 10
- NPR - People with IDD are 7 times more likely to be sexually abuse than those without disabilities
- 2017 - Bureau of Justice - people with disabilities are 2.5 times more likely to be victims of violent crime and 40% more likely to have the perpetrators be someone they know
- Social Trauma - Bullying, Name- calling, Verbal Abuse
- Psychology of Exclusion - Stimulation of Anterior Cingular Cortex
- Trauma of Institutionalization, Foster-care Placements
- Trauma of Physical Abuse and Neglect

# Big T and Little “t” Traumas

Major Events	Little “t” Trauma
Sexual Abuse	Family Violence
Physical Abuse	Neighborhood Violence
Neglect	Social Exclusion
Negative Events	Exclusion from Family
Grief and Loss	Frequent foster care or group home placements and lack of stability

# Bucharest Early Intervention Orphan Study

- ▶ 138 children between 6 and 31 months who were in an orphanage in Bucharest were studied
- ▶ 68 kept in institution
- ▶ 68 placed in a new foster care system - full time paid parenting
- ▶ Results: After 54 months ( 4 1/2 years):
- ▶ Compared to 138 children raised in birth families
- ▶ <http://www.unicef.bg/public/images/tinybrowser/upload/PPT%20BEIP%20Group%20for%20website.pdf>

Issues:	Institution	Foster Care	Biological
Axis 1 Disorders	55%	35%	13%
Emotional Disorders	49%	29%	8%
Behavioral Disorders	32%	25%	6.8%
Intellectual Disability Average IQ Score	73	85	110

# Children Who Stayed in Institutions -Nathan Fox

- Gray matter in brain actually shrunk
- Lower brain activity measured by EEG
- Impairments in Executive Functioning
- Increased Adrenaline levels after 1 year - affects heart, behavior, ability to focus ( looks like ADHD)
- Often abnormally small physically
- At higher risk for premature deaths
- Neglect is more devastating than any other type of abuse

MIRROR NEURONS: Interaction during infancy is needed for brain wiring





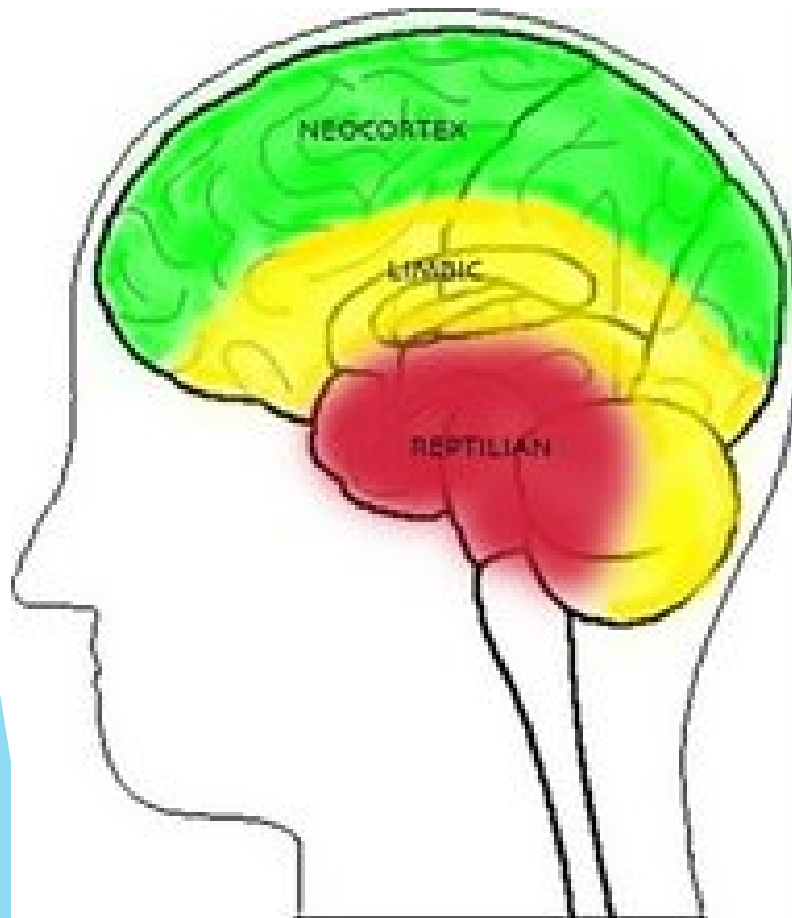


# The Effects of Cocaine and/or Alcohol Exposure During Gestation

- ▶ Crack Cocaine
- ▶ Meth-Amphetamines
- ▶ Alcohol
- ▶ Combinations

# Psychological Trauma – past is present

How did the brain react?



The Triune Brain

## Neocortex

The rational brain: Intellectual tasks

## Limbic

The intermediate brain: Emotions

## Reptilian

The primitive brain: Self preservation, aggression

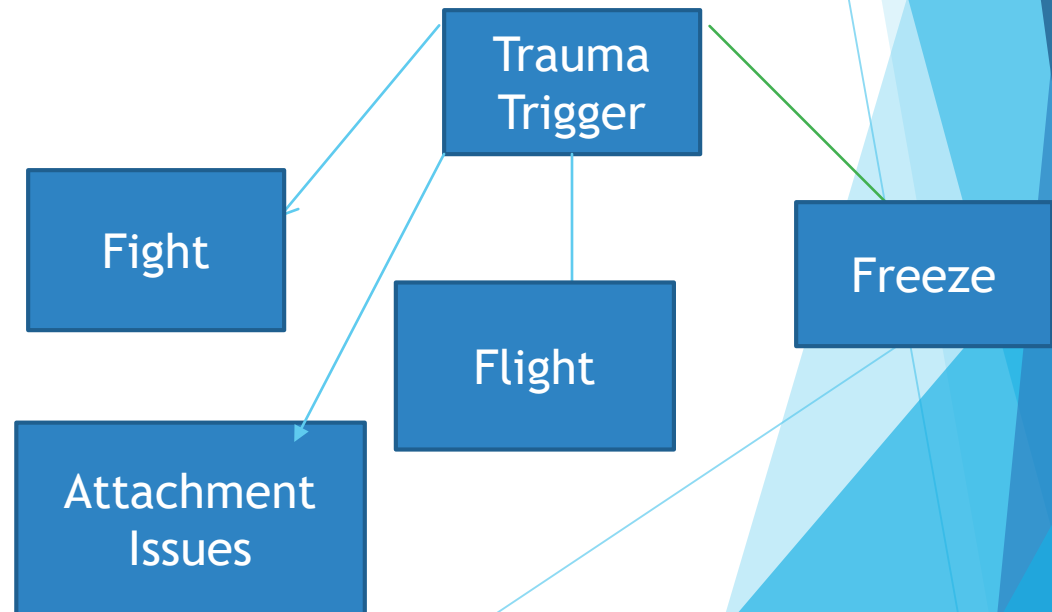
# Trauma Responses Due to “Buttons Pushed”

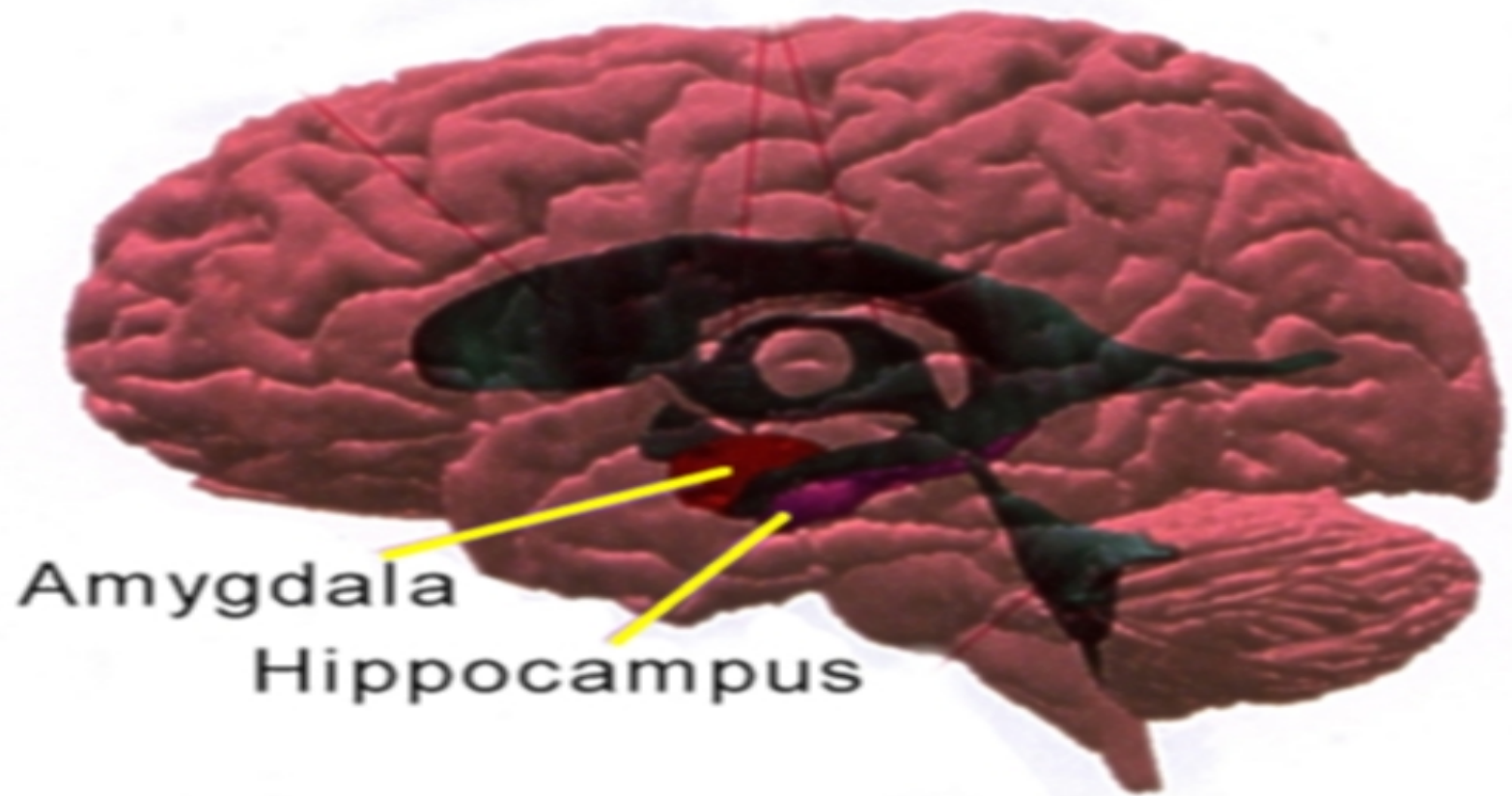
- ▶ Trigger Response - Something happens in the present that reminds the person of the negative past - person goes into fight, flight or freeze mode:

- ▶ Thinking he or

she is in

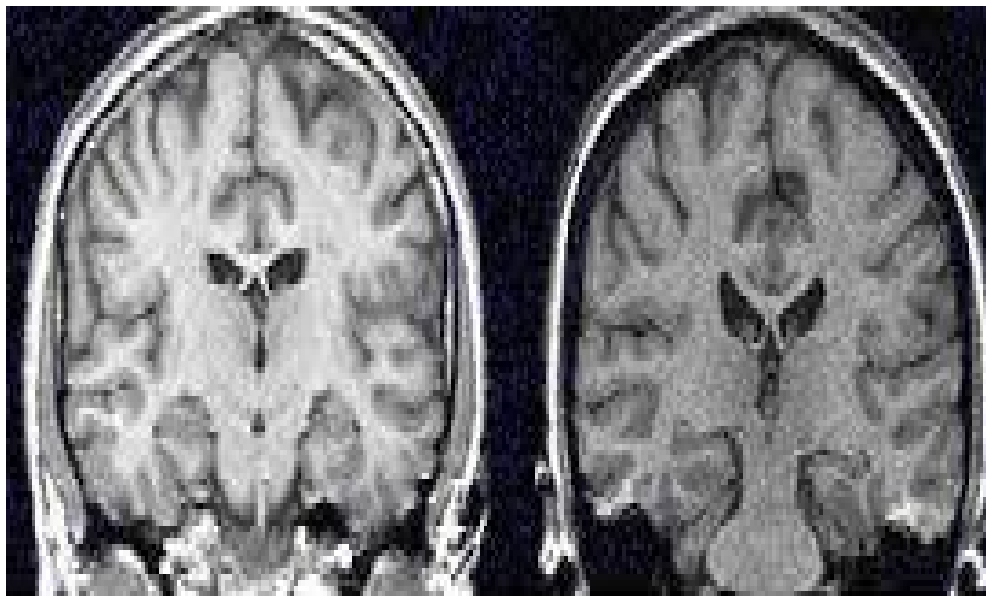
Danger!





# Chemistry When Sympathetic Nervous System Is Triggered

- ▶ Cortisol goes from Amygdala to Frontal lobe
- ▶ Adrenaline is released and floods the system
- ▶ Regions of Brain do not communicate and Integrate



NORMAL

PTSD

# Trauma Response vs. Behavioral Response

## Trauma

- ▶ Triggered in an irrational manner
- ▶ Overreaction to small event
- ▶ Very emotion based
- ▶ Does not serve the person well
- ▶ Does not move them forward

## Behavioral

- ▶ Has a purpose and intent
- ▶ Deliberate- acting on environment to get response
- ▶ Intent is important in identifying the response
- ▶ Goal is to get something they want, can move them forward
- ▶ You can typically identify the antecedent

# 4 Areas of symptoms of PTSD

## 1. Re-experiencing ( interfering with present to different degrees) -

- ▶ Intrusive Memories
- ▶ Nightmares
- ▶ Flashbacks- Person can disconnect from reality and be convinced he or she is being attacked, hurt or threatened due to a memory that becomes present

## 2. Avoidance -

- ▶ Blunted emotions/
- ▶ Shut down responses
- ▶ Person can become obsessive about details concerning self and safety
- ▶ Disconnection and withdrawal

# Symptoms of PTSD Continued

## 3. Negative Alterations in Cognition and Mood

- ▶ Persistent negative-trauma related emotions  
ie. fear, horror, anger, guilt and shame
- ▶ Constricted emotion - inability to express positive emotion
- ▶ Alienation and withdrawal from others

## 4. Arousal -

- ▶ Easy to startle
- ▶ Agitated - can lead to property destruction
- ▶ Periodically Combative
- ▶ Impulsive
- ▶ Also associated with reckless or self-destructive behavior



# THE BODY STORES THE TRAUMA

- ▶ GASTRO- INTESTINAL ISSUES
- ▶ PHANTOM PAIN
- ▶ EXAGGERATED PAIN RESPONSE

## TREATMENT :

BEING PRESENT IN BODY -

YOGA

DANCE

MASSAGE



# PTSD and Individuals with ID/MH

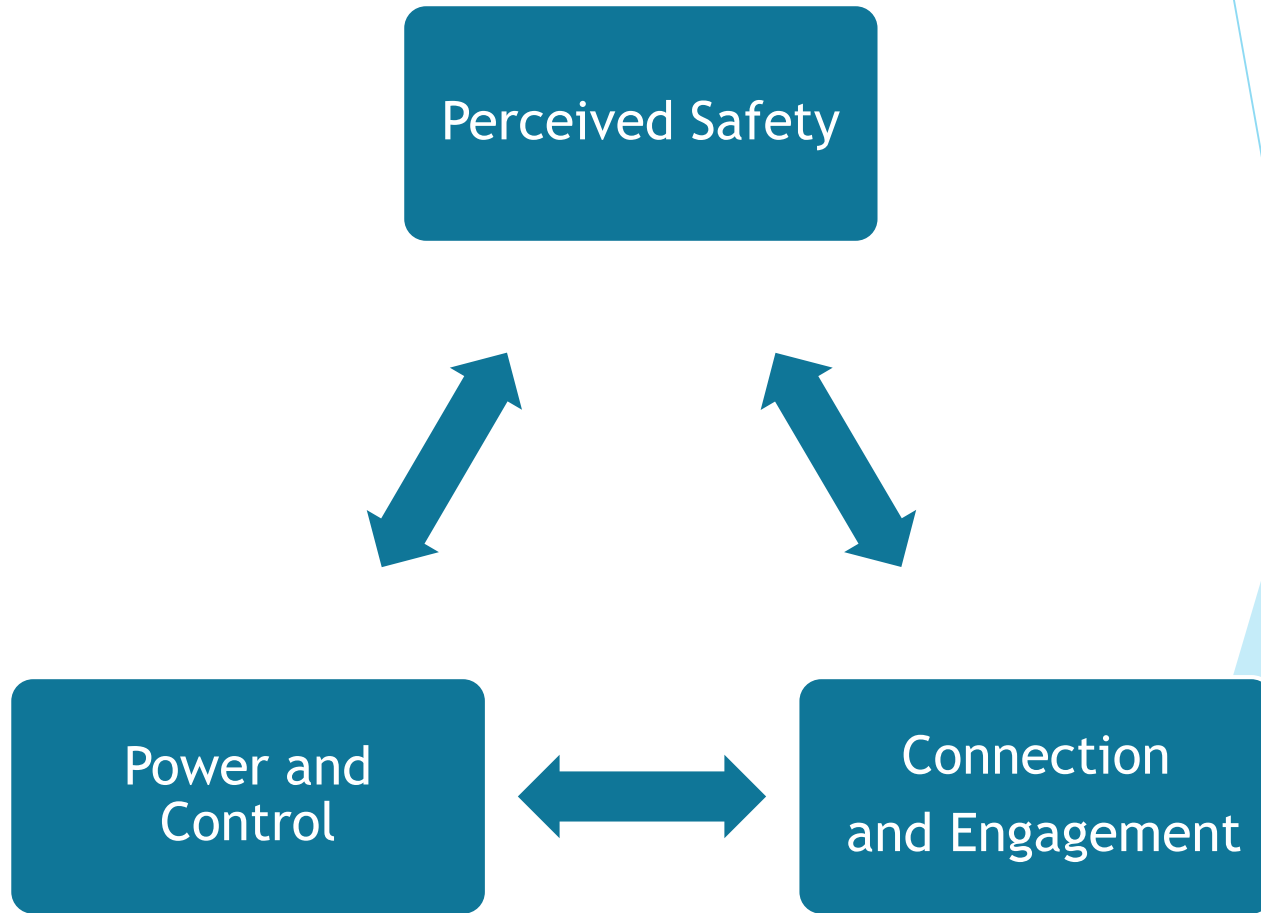
## ▶ Looks like/misdiagnosed:

- ▶ A. Agitation /Property Destruction
- ▶ B. Obsessive Behavior
- ▶ C. Paranoia
- ▶ D Schizophrenia
- ▶ E. Noncompliance
- ▶ F. Aggression
- ▶ G. “Shut down”
- ▶ H. Escape Behavior

## ▶ Actual PTSD Symptom:

- ▶ A. Arousal (hyperarousal)
- ▶ B. Avoidance (hypervigilance)
- ▶ C. Mistrust based on abuse experiences
- ▶ D. Flashbacks-
- ▶ D. Dissociation or Phobias
- ▶ E. Fight response based on triggering of amgydala and sympathetic nervous system
- ▶ F. Freeze Response
- ▶ G. Flight Response

# Ingredients Necessary for Post - Traumatic Recovery



# Stephen Hawking Quotes



- ▶ “The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge.”
- ▶ “Time travel may be possible, its just not practical.

# Trauma-informed Paradigm for Behavioral Interventions

## Traditional Approaches

- ▶ Managing Behaviors
- ▶ Providing contingent rewards -shaming when not earned
- ▶ Power differentials -
- ▶ Forced Choice
- ▶ Restraints

## Trauma- Informed Interventions

- ▶ Providing Emotional Safety
- ▶ Supporting choice
- ▶ Supporting relationships
- ▶ Facilitating Healing
- ▶ Empowering the individual
- ▶ Fostering a strong sense of self

# scaffolding model



# The IRAQ PTSD STUDY



# Supporting Staff

- ▶ Secondary Trauma
- ▶ Staff's own trauma history
- ▶ Need for De-briefing
- ▶ Need for Trauma-informed management



# Supporting Families and Family Trauma

- ▶ Family system Trauma
- ▶ Stressors on families - high incidents of divorce
- ▶ Stress on Siblings
- ▶ Stress from the System
- ▶ Stress from Transition
- ▶ Stress from Mortality

# The connections cruises – Singles Club the Love Boat!





HOPE  
CHANGES  
EVERYTHING.

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