IDD and Mental Health — #2 Thru the Lens of Trauma and Post-Traumatic Stress

Marcela Torres Pauletic, PhD

June 23, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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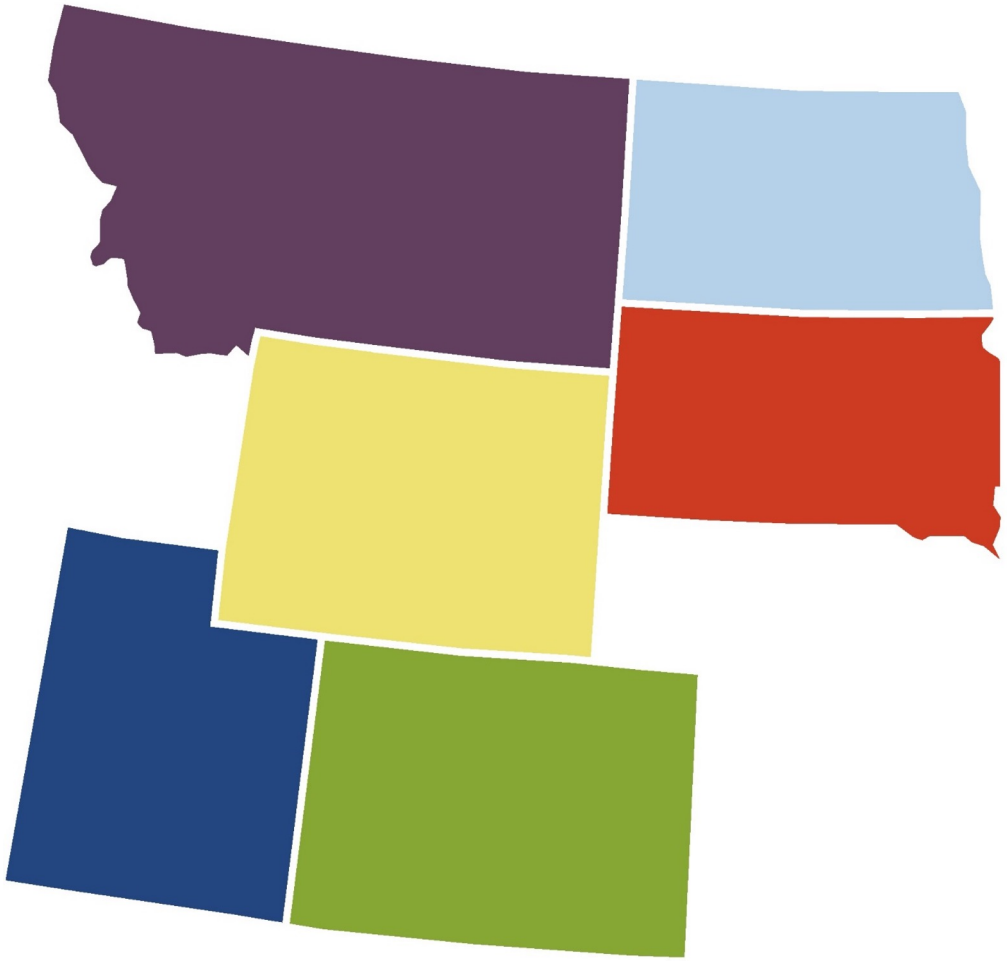
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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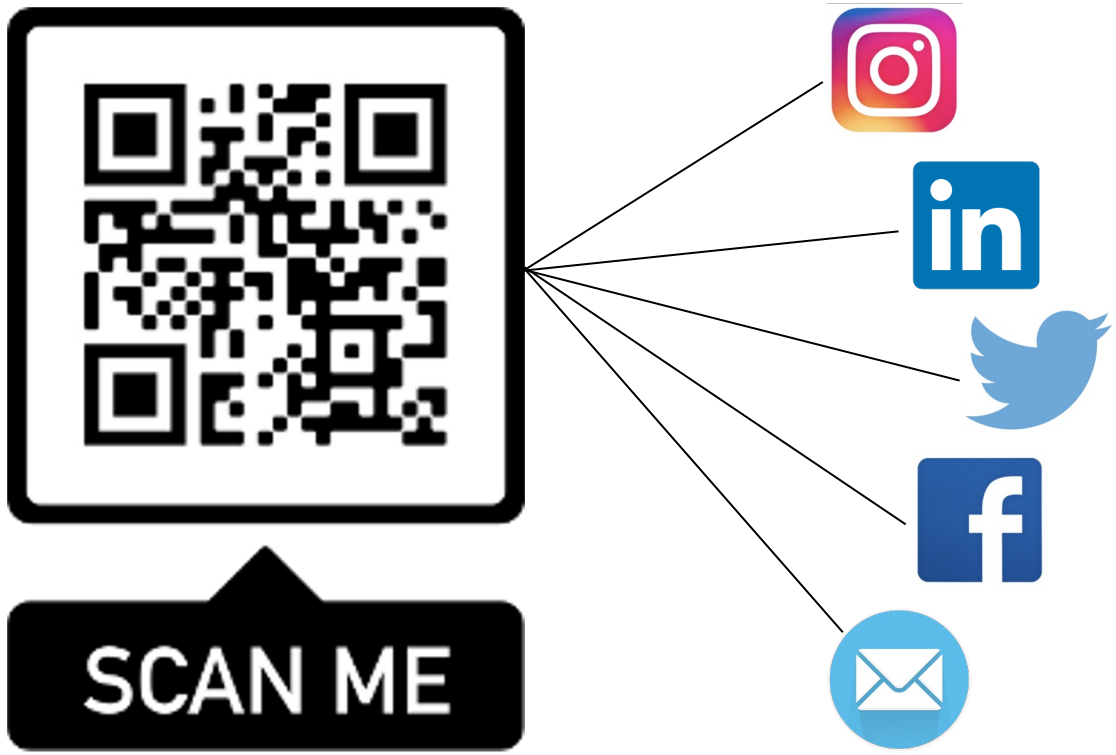

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CENTER FOR
RESILIENCE + WELL-BEING

Institute of Behavioral Science
UNIVERSITY OF COLORADO **BOULDER**

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AGENDA:

- Introduce/review the intersection of trauma and IDD
- Provide strategies for identifying signs of post-traumatic stress
- Preview some evidence-based intervention approaches, including trauma-responsive strategies that can be applied in daily interactions with children, youth, and adults with IDD

A note about trauma presentations

What is Considered a Trauma?

Traumatic Events are intense, frightening, dangerous, or violent events (or enduring conditions) that either threaten or cause harm to a person's physical, mental, emotional or spiritual well- being and overwhelm their ability to cope.

Potentially Traumatic Events

Exposure to a Potentially Traumatic Event can include:

- Direct experience
- Witnessing in person an event that occurs to others
- Learning of an event that occurred to a close family member or close friend *or someone with whom you identify (e.g. cultural trauma)*
- Experiencing repeated or extreme exposure to aversive details of traumatic events

Cartoon: © Michael Scheeringa, M.D. and Carol Peebles. Modified from Neugebauer et al. (1999).

Potentially Traumatic Events

- Abuse or Neglect
- Victim/Witness of Violence
  - Home/Domestic, Community, School
- Accidents (e.g., motor vehicle, fire, dog-bite)
- Disasters, Weather
- War/Terrorism and Refugee/Immigration experiences
- Medical (e.g., diagnosis, physical pain, frightening symptoms, invasive medical procedures)
- Death of a loved one (Traumatic Grief)
- Prolonged or permanent separation from a primary caregiver
- Racism / oppression

Trauma Prevalence in Childhood

- Up to **68% of youth** in United States have experienced at least one potentially traumatic event or significant childhood adversity before age 18.

  - Children often experience **multiple** potentially traumatic events (PTEs).
  - Children often **do not disclose** these events.

- **Higher exposure rates** exist among youth with IDD.

Finkelhor et al., 2009, 2013; Costello, Erkanli, Fairbank, & Angold, 2008; Copeland, Keeler, Angold, & Costello, 2007; Finkelhor, Ormrod, & Turner, 2009; Kilpatrick et al., 1998; www.nctsn.org; Kellogg, 2014; Saunders, 2012 l;. McLaughlin et al., 2012; https://www.who.int/disabilities/violence/en/

Children/Youth with IDD at Increased Risk for Trauma

2x as likely to experience emotional neglect, physical & sexual abuse

3x more likely to be in families with domestic violence

4x more likely to be victims of crime

2x more likely to be bullied

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Children/Youth with IDD at Increased Risk for Trauma

More likely to be subjected to traumatizing incidents of physical restraint & seclusion

Have significantly higher rates of serious injury compared to non-disabled peers

Increased risk of psychological distress due to medical procedures

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The New York Times

GLOBAL UPDATE

Assault: Children With Disabilities Are More Likely to Be Victims of Violence, Analysis Shows

VIKTOR DRACHEV/Agence France Presse, Getty Images

By Donald G. McNeil Jr.

July 16, 2012

Children with disabilities are almost four times more likely to be victims of violence than other children, according to a new report commissioned by the World Health Organization.

World Health Organization

https://www.who.int/disabilities/violence/en/

Disabilities and rehabilitation

- Disability
- Rehabilitation
- Community-based rehabilitation (CBR)
- Assistive technology
- Disability data
- Publications

Violence against adults and children with disabilities

Both children and adults with disabilities are at much higher risk of violence than their non-disabled peers, according to two systematic reviews recently published in the Lancet. The reviews were carried out by Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO's Department of Violence and Injury Prevention and Disability. These are the first studies to confirm the magnitude of the problem and they provide the strongest available evidence on violence against children and adults with disabilities. They also highlight the lack of data on this topic from low- and middle-income countries.

The review on the prevalence and risk of violence against children with disabilities, published in July 2012, found that overall children with disabilities are almost four times more likely to experience violence than non-disabled children. The review indicated that children with disabilities are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.

The systematic review on violence against adults with disabilities, published in February 2012, found that overall they are 1.5 times more likely to be a victim of violence than those without a disability, while those with mental health conditions are at nearly four times the risk of experiencing violence.

https://www.nytimes.com/2012/07/17/health/policy/children-with-disabilities-are-victimized-more-often.html

What might be some reasons for the increased risk for trauma exposure for individuals with IDD?

Trauma Impact

- **Acute distress almost universal**
- Longer-term impact varies
- Some people experience persistent serious symptoms related to exposure to a traumatic event.
- Exposures to multiple or ongoing potentially traumatic events increase risk for longer term impact.

Copeland et al., 2007; Felitti et al., 1998

Post-Traumatic Stress

- Some people exposed to traumatic events experience symptoms of **Post Traumatic Stress** or other trauma-related reactions (depression, anxiety, behavior problems)

- Resilience is the most common outcome and very possible with the right supports

Essential Messages:

Working with Individuals with IDD who have Experienced Trauma

Understanding traumatic stress is the first step in helping individuals regain their sense of safety, value and quality of life following traumatic events.

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Post-Traumatic Stress Symptoms

Intrusion

- Intrusive thoughts/ images/ memories
- Distress related to cues/ triggers
- Flashbacks/ re-experiencing
- Distressing dreams
- Re- enactment

Avoidance

- Of memories, feelings, thoughts related to trauma
- Of people, places, objects, situations that remind students of the trauma

Negative Cognitions & Mood

- Negative beliefs: self/ others
- Self blame, shame
- Negative emotional state
- Detachment
- Diminished activities interest
- Difficulty experiencing positive emotions

Arousal & Reactivity

- Irritability
- Angry outbursts
- Reckless/ self-destructive behavior
- Hypervigilance/ Startle Response
- Difficulty concentrating
- Sleep disturbance

Diagnostic and Statistical Manual – 5th Edition

Trauma Reminders and Triggers

A trigger = any person, place, situation, object or internal sensation that reminds the individual of something that was present at the time of the initial trauma

- **Internal**

- **External**

TRAUMA REMINDERS AND TRIGGERS: EXAMPLES

External places, noises, sounds, smells (all senses)

Internal thoughts, feelings, body sensations

Smell of cologne

The bathroom

A locked door

A slamming door

Adult raising voice

Touch on arm or from behind

Scream in hallway

Adult who looks or sounds similar to an offender

Rapid breathing

Fast heart beat

Sore muscles

Hunger

Overwhelm about something unrelated

Memory/ image of trauma in mind

What are some potential triggers that you notice for individuals in your care?

Intellectual and Developmental Disabilities

"Intellectual and developmental disabilities (IDDs) are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems."

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Healthy pregnancies. Healthy children. Healthy and optimal lives.

Traumatic Experiences Can Disrupt Development

- Traumatic stress can lead to changes in learning, behavior & physiology—may place individuals at risk for further trauma.
- Traumatic experiences at any age and stage of development can interfere with developmental accomplishments.
- Traumatic experiences may result in a significant setback in developmental progress, which is already challenged by IDD.

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Additional Challenges: Trauma and IDD

- Trauma reactions may be complicated by physical, cognitive or communicative limitations.

- Individuals with IDD and their families are often part of many cultural identities and communities, including disability communities, which may impact the experience and expression and of trauma.

- Trauma may add to significant secondary adversities related to IDD that existed prior to the traumatic experience(s).

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Trauma Screening

- Brief, focused inquiry
- Usually includes questions regarding exposure to trauma & related symptoms
- Positive screen may result in referral for more in-depth trauma/mental health assessment
- Does not necessarily have to be administered by a mental health professional

Screening for Trauma

Why screen for trauma?

- Trauma exposure is very prevalent
- Many people don’t disclose on their own
- Many people want to address trauma but don’t know how to bring it up
- Screening helps you to make targeted referrals
- Evidence-based treatment helps!!

Child Trauma Screen (CTS)

A brief trauma screening measure for children

Lang & Connell, 2016

Benefits of the CTS:

- ✓ *Free to use*
- ✓ *Short (10 items)*
- ✓ *Empirically developed/supported*
- ✓ *Covers trauma exposure & symptoms*
- ✓ *Facilitates discussion about trauma*
- ✓ *Cutoffs to suggest further assessment*
- ✓ *Child and caregiver reports*
- ✓ *Available in English & Spanish*

The CTS may be used in many settings:

- ✓ *Behavioral health*
- ✓ *Child welfare*
- ✓ *Juvenile justice*
- ✓ *Schools*
- ✓ *Pediatric primary care*
- ✓ *Care coordination*
- ✓ *Home visiting services*
- ✓ *Shelters*

https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/

Child Trauma Screen

IDENTIFYING CHILDREN WHO NEED HELP

Many children suffer from trauma in silence and alone. Screening is a way to identify children that are experiencing high levels of distress and may need additional support to overcome trauma exposure. Screening is also important to facilitate discussions with youth and caregivers about trauma, to provide factual information about traumatic stress, and to offer a range of resources to families, including evidence-based treatment when indicated.

CHDI joined with the Connecticut Department of Children and Families and Yale to develop a brief trauma screening measure for children called the Child Trauma Screen (CTS; formerly called the Connecticut Trauma Screen).

The Child Trauma Screen (CTS)

The CTS is being used by behavioral health providers, pediatricians, school staff, child welfare workers, and juvenile justice staff to identify children who may be suffering from trauma exposure and need more comprehensive assessment or treatment.

https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/

Welcome, Mandatory Reporters!

We appreciate you taking the time to learn about your responsibilities as a mandatory reporter of child abuse and neglect.

This training is designed to be flexible. How long it will take depends on your learning style. For planning, expect to spend about two hours to complete this training.

Are You a Mandatory Reporter?

If you're a child welfare employee or foster parent who needs to take this course for credit, please log in to your CWTS account rather than proceeding here.

For all other learners, **remember to print or save your certificate upon completion**, as it cannot be saved in the system.

Let's get started !

Begin Training Now

https://coloradocwts.com/public-training/mandated-reporter-training/

CTS
Child Report (Age 6–17)

Also a caregiver report version for ages 6+

EVENTS: Sometimes, scary or very upsetting things happen to people.
These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	☐	☐
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	☐	☐
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	☐	☐
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? *What was it?* _____	☐	☐

Behaviorally-specific items assessing lifetime experience of traumatic events.

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 ☐	1 ☐	2 ☐	3 ☐
6. Try to stay away from people, places, or things that remind you about something that happened.	0 ☐	1 ☐	2 ☐	3 ☐
7. Trouble feeling happy.	0 ☐	1 ☐	2 ☐	3 ☐
8. Trouble sleeping.	0 ☐	1 ☐	2 ☐	3 ☐
9. Hard to concentrate or pay attention.	0 ☐	1 ☐	2 ☐	3 ☐
10. Feel alone and not close to people around you.	0 ☐	1 ☐	2 ☐	3 ☐

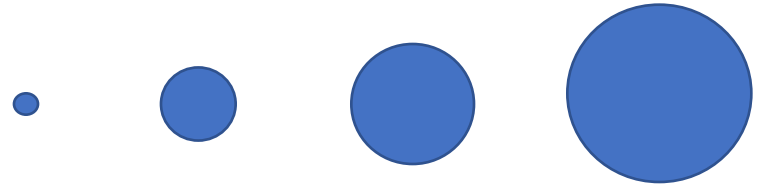
Further assessment should be considered if scores are 6 or greater on the child report or 8 or greater on the caregiver report.

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week

Since the last day of school ---------- until today.

TODAY



Use everyday examples to test understanding of the scale.

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

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10. Feel alone and not close to people around you.	0 ☐	1 ☐	2 ☐	3 ☐

U.S. Department of Veterans Affairs

PTSD: National Center for PTSD

https://www.ptsd.va.gov/professional/assessment/screens/index.asp

Adult PTS Screening Tools:

- The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you…

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?
   YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
   YES NO
3. been constantly on guard, watchful, or easily startled?
   YES NO
4. felt numb or detached from people, activities, or your surroundings?
   YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
   YES NO

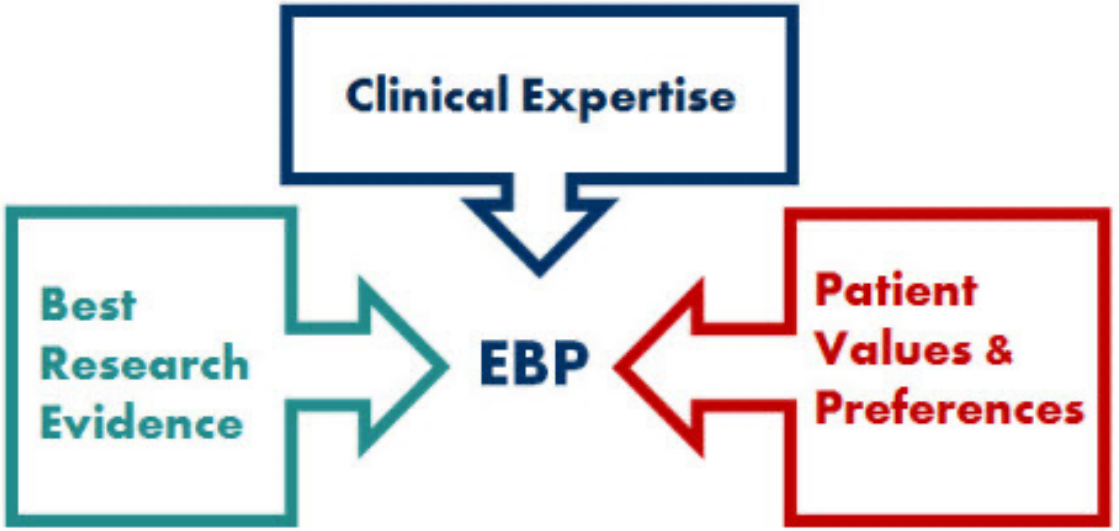
Evidence-Based Practices

An evidence-based practice is a treatment
or intervention with a combination of the following three factors:

(1) best **research** evidence

(2) best **clinical** outcomes

(3) consistent with **client/family values**



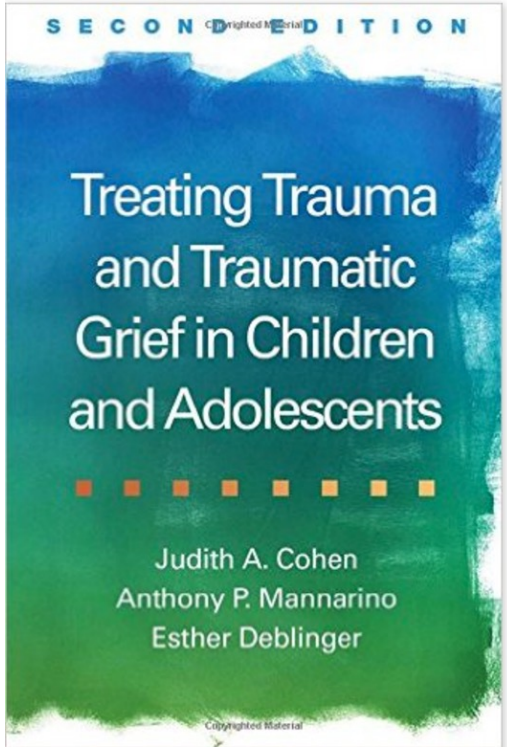
(Institute of Medicine, 2001; CEBC, 2015)

Prompt intervention, in response to traumatic experiences, can diminish the overall effects of traumatic stress for individuals with IDD.

- Education
- Coaching
- Modeling & Mentoring
- Support Services

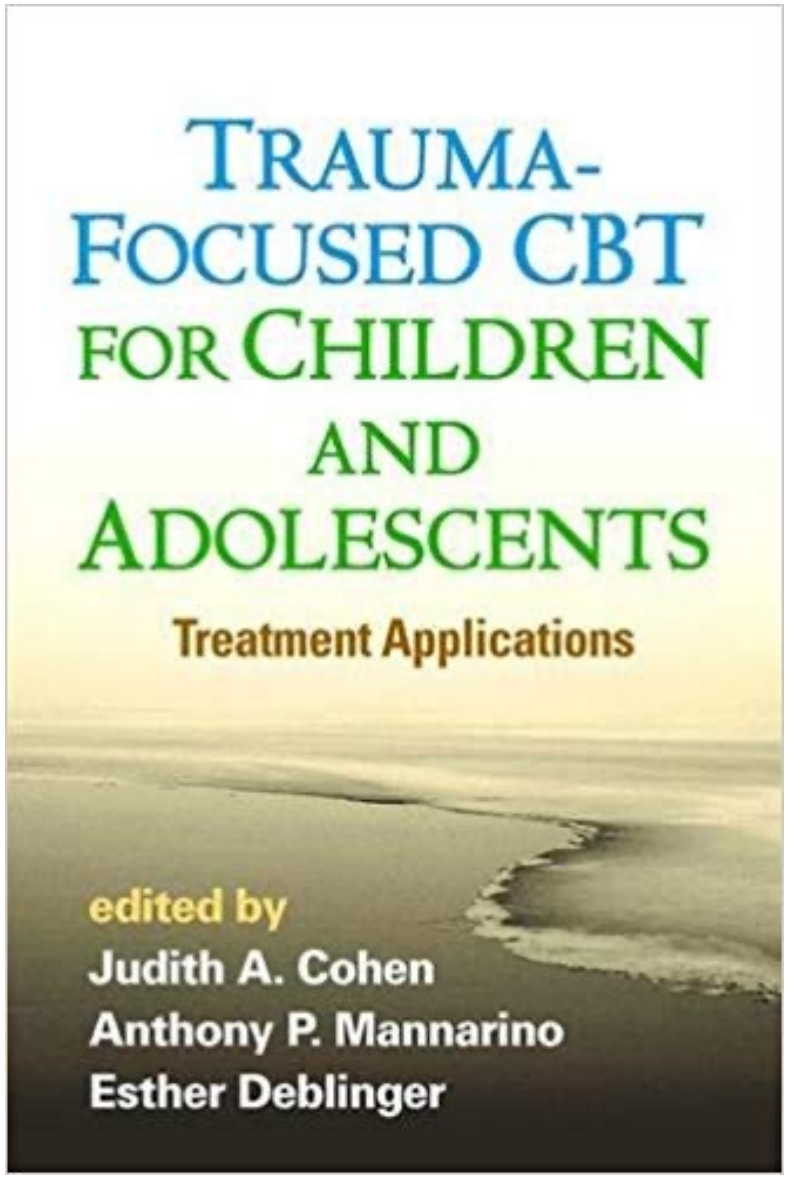
A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a particular child and family.

Trauma-Focused Cognitive Behavioral Therapy



TF-CBT®

tfcbt.org



6

Children with Developmental Disabilities

CHRISTINA A. GROSSO

OVERVIEW OF TF-CBT WITH CHILDREN WITH DEVELOPMENTAL DISABILITIES

As we look at the emerging demographics in society today, we cannot ignore the need for specialized treatment for traumatized children with developmental disabilities. Developmental delays impact one in six children in the United States (Boyle et al., 2011), and these children are up to 10 times more likely to be maltreated than those who are not disabled (Goldson, 2002; Sobsey & Doe, 1991). With the prevalence of trauma in developmentally disabled children and the lack of trained professionals who are able to provide treatment (Charlton, Kliethermes, Tallant, Taverne, & Tisherlman, 2004), we are looking at a crisis in our mental health system. We need to understand how to adapt existing best practice to address the specific needs of the developmentally disabled.

The applications presented in this chapter are a result of the work done over the last 6 years implementing trauma-focused cognitive-behavioral therapy (TF-CBT) in several residential treatment facilities in New York State with children and adolescents with complex trauma and psychopathology (Cohen, Mannarino, & Deblinger, 2006). Of these children, many also suffered from various developmental disabilities, including but not limited to mild mental retardation, learning disabilities, receptive and expressive language disorders, and autism spectrum disorders, namely pervasive developmental disorder. As TF-CBT was initiated,

Questions to Ask Treatment Providers:

- Do you provide services to individuals with IDD who have had traumatic experiences?
- How do you determine whether a client needs trauma-specific therapy (e.g., screening/assessment tools)?
- How familiar are you with evidence-based treatment models designed & tested for treatment of trauma-related symptoms?
- Can you describe the core components of your treatment approach?
  - Short-term (months, not years)
  - Goal-oriented
  - Skills-focused

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An Effective Provider or Caregiver:

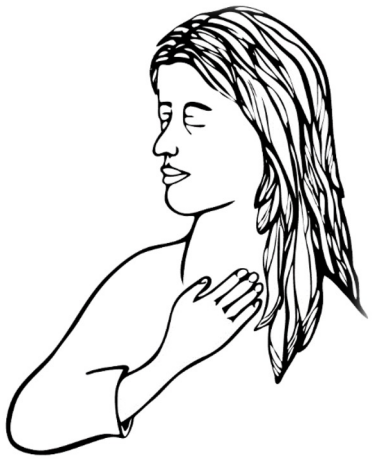
- Knows resilience is possible.
- Uses language and a means of communication that is understandable and appropriate for each individual.
- Knows the individual & family has just as much to teach you as you have to teach them.

What does resilience mean to you?

"The single most effective protective factor is the consistent presence of one or more caring adults, therefore parents and other close caregivers ultimately hold the greatest power in their hands. As a provider who cares for families, you can remind parents of this powerful ability to buffer trauma's negative effects and to help them leverage it." (Sesame Street Caring in Communities, 2017)

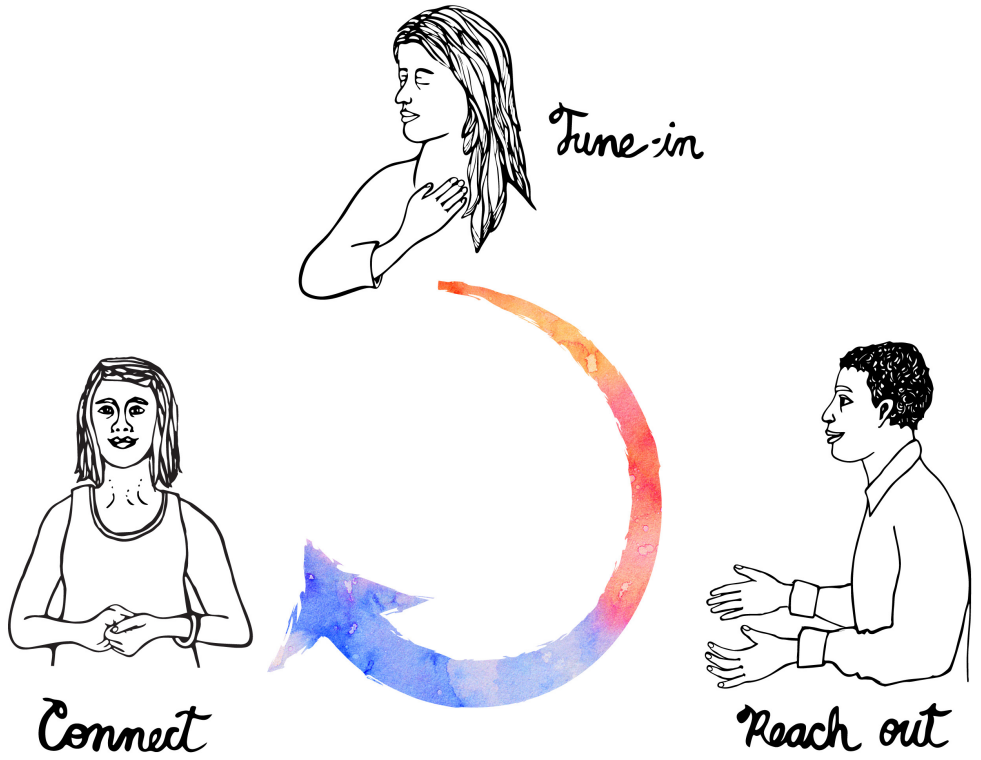
https://sesamestreetincommunities.org/

Resilience begins with us, the adults.



First, we build and engage our own resources for self-care, emotional awareness and regulation, in order to remain calm, attuned and effective with those in our care, including those impacted by trauma.

LET'S CONNECT®

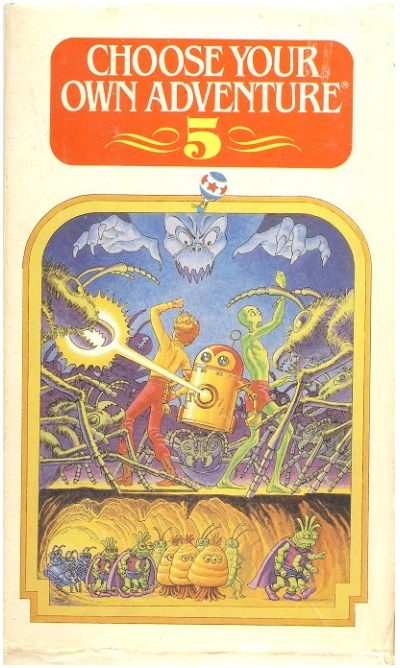


LET'S CONNECT®

CONNECTION SKILLS

Connection Skills can be thought of as reflective listening or attending skills with an emphasis on learning about someone's **feelings** and **subjective experiences**.

- Use positive, interested body language
- **Reflect and repeat what has been shared**
- Go slow
- Ask helpful questions
- **Label feelings**



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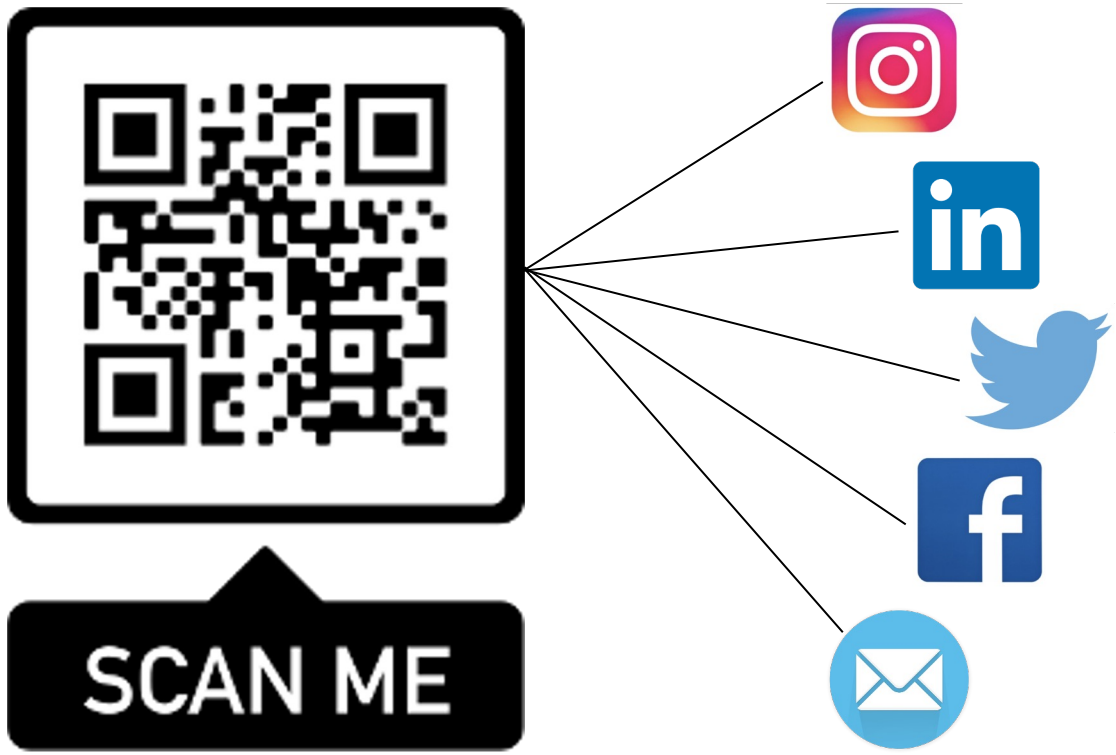

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Thank You!

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