# TRAUMA-INFORMED SUPPORT FOR PEOPLE WITH INTELLECTUAL DISABILITIES



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## Sources of Trauma for People with Intellectual Disabilities

- Sexual Abuse
- Physical Abuse
- Bullying
- Exclusion
- Institutionalization

### **Assume Trauma**

- Betrayal
- Rejection
- Social Exclusion -

"Not invited to the Party"

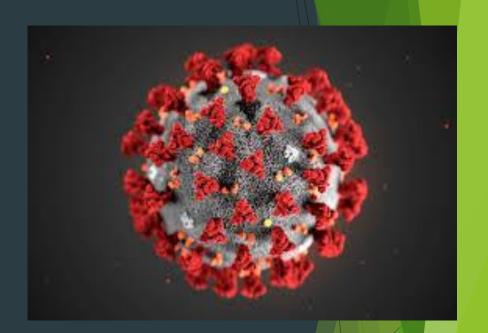


# Big T and Little "t" Traumas

The Smaller Traumas Add Up and Can Have Big T Impact

### Single Event Trauma

COVID Natural Disasters Death and Loss



### Gabor Mate

"Trauma is not what happened to you, it is how what happened to you made you feel."

What is Needed:

Empathy

Respect

Support





### Bucharest Early Intervention Orphan Study

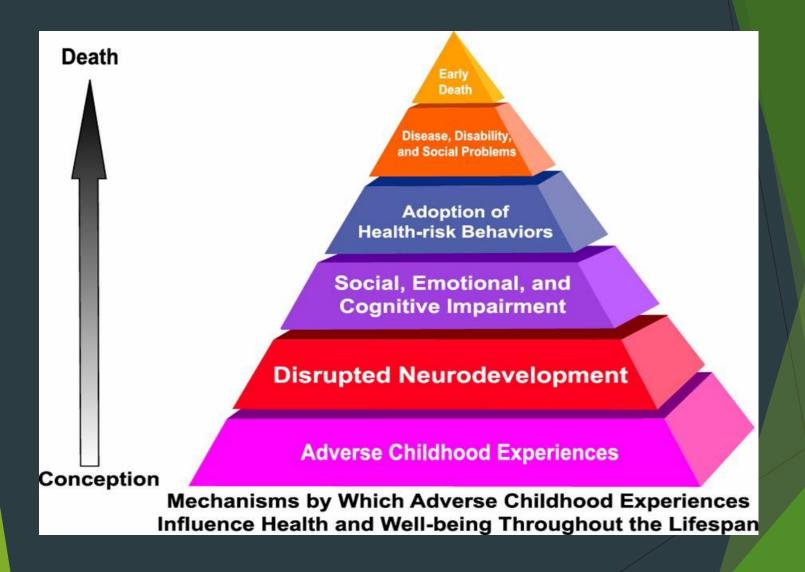
- ▶ 136 children between 6 and 31 months who were in an orphanage in Bucharest were studied
- 68 kept in institution
- 68 placed in a new foster care system full time paid parenting
- Results: After 54 months (41/2 years):

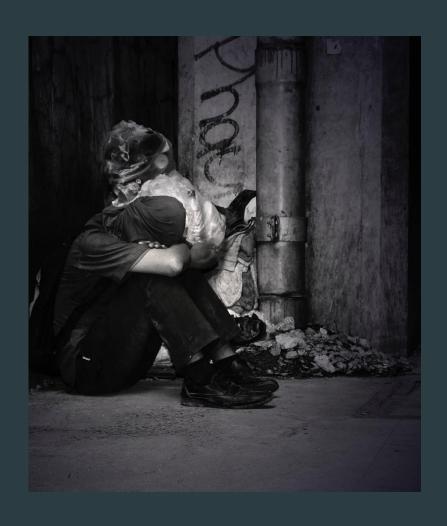
Issues:	Institution	Foster Care	Biological
Axis 1 Disorders	55%	35%	13%
Emotional Disorders	49%	29%	8%
Behavioral Disorders	32%	25%	6.8%
Intellectual Disability Average IQ Score	73	85	110

# Children Who are Neglected in Any Way Suffer!

- Chaotic homes
- Parents with drug/alcohol issues
- Repeated foster care placements
- Residential placements

### **ACE Study**





Trauma of Racism and Discrimination

### PTSD as Spectrum Issue

Sometimes the "Behaviors" we see are really symptoms of Post-traumatic Stress
Disorder

### 4 Symptom Areas of Post-Traumatic Stress Disorder

- Re-Experiencing
- Avoidance
- Negative Alteration in Cognition and Mood
- Arousal

### Re-Experiencing

- 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

### Avoidance

- Phobias
- Shut down responses
- Hypervigilance- Person can become obsessive about details concerning self and safety
- Dissociation
- Selective Mutism
- Blocking Memories

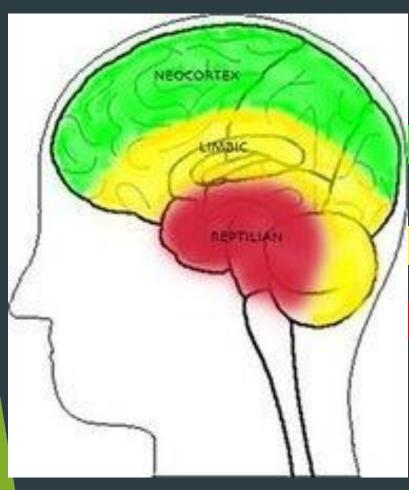
# Negative Alteration in Cognition and Mood

- Sense of Impending Doom
- Hopelessness
- Helplessness
- Negative Views
- Shame
- Self-sabotage

### Arousal

- Hyperarousal
- Agitation
- Aggression( best defense is good offense)
- Property Destruction
- Startle Response
- Need to protect self at all cost

### The Brain



**Smart Brain** 

**Emotional Brain** 

Mechanical Brain

#### **Emotional Brain**

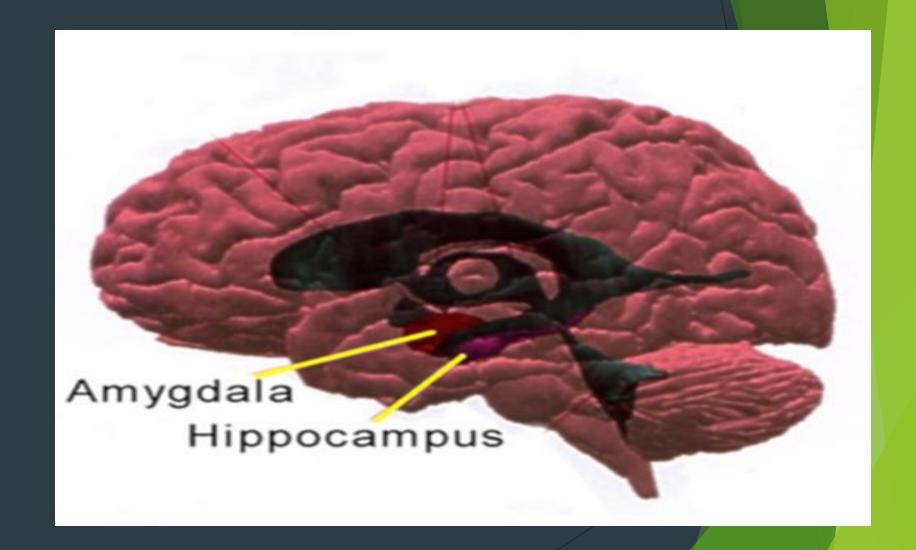
Responds in a crisis or perceived crisis and fills brain with chemicals

Shuts down smart Brain when triggered

Triggered by both signs of danger and anything that is a reminder of past dangers or traumas

# Know the Triggers!

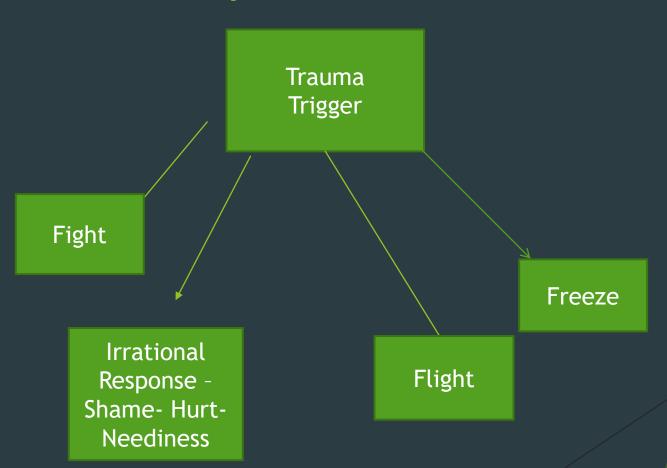
- Identify them-
- Educate both staff and person receiving supports
- Make a Safe Environment



### Trauma-Mind/ Trauma Response

- Activation of Fight, Flight or Freeze trauma response -
- Rational Mind Shuts Down
- This is not the "Teachable Moment!"
- Catch it before it blows up Get the person away from the trigger - "Walk with me, Talk with me"
- Help the person to feel safe before incident occurs

### Triggering Effect/Trauma Response



### What To Do When Someone is Triggered

- Cool Down System
- Calming
- Breathing
- Getting away from trigger
- Being Safe
- Providing Comfort
- Giving Reassurance



Smart Brain - Executive Functioningdoesn't work till person feels safe -



Be Patient!

### Helping the Smart Brain Process LISTEN!

- Hearing
- Giving Empathy Not instructing
- Validating feelings

- Not advising
- Not shaming

### **ROLE EVOLUTION**

CONTROLLER



CAREGIVER

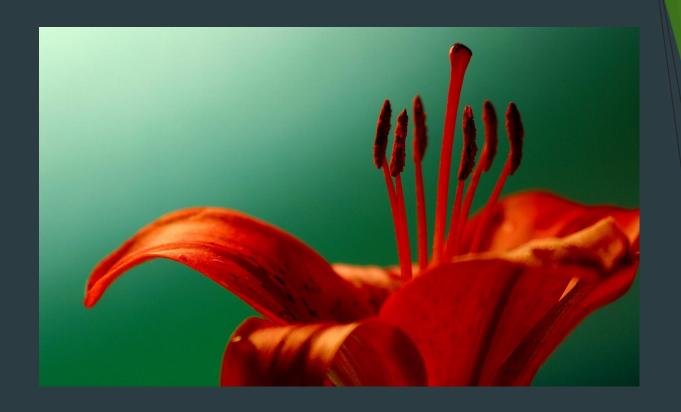


**SUPPORTER** 





Secondary Trauma:
Staff can absorb pain or trauma of people they are supporting without realizing it-



Self -Care Is Important!!

Take time for yourself 
Do what you love - Take good care of you!

# Ingredients Necessary for Post Traumatic Recovery

Perceived Safety

**Empowerment** 

Connection

### What is Safe?

- Emotional Safety
- Being with people who care about you
- No surprise attacks from a house mate or co-worker
- No surprise attacks from ANYONE
- You are understood
- You can safely voice your opinion

SAFETY IS NOT JUST PHYSICAL

### Connections

- Friends who are not paid
- Real dates
- Consenting Relationships
- Family who are safe
- Access to phones and computers
- ► The ability to both succeed and fail in relationships
- ► The chance to repair and restore relationships

### Empowerment

- Real choices not fake ones
- Real opportunities for growth
- Ability to fail and try again
- Equitable approach to problem solving
- Not being a tourist in their lives or their community
- Genuinely meaningful daily activity
- A voice that is heard and rights that are real



### Positive Identity

- Holding up a mirror of the best self to that person
- Pointing out and focusing on strengths
- Coaching positive experiences
- Helping people to feel that they make a difference
- Praise character not behavior



What matters most is how YOU see yourself! "Ultimately happiness rests on how you establish a solid sense of self or being."



Daisaku Ikeda

### Happiness First!

"Flourish"
Martin
Seligman

### Five levels of Happiness:

- 1. Pleasure
- 2. Engagement
- 3. Positive Relationships
- 4. Achievement
- 5. Meaning



### HOPE CHANGES EVERYTHING.

### REFERENCES

- Bennett, DS, Bendersky, M, and Lewis, M. (2008). Children's cognitive ability from 4 to 9 years old as a function of prenatal cocaine exposure, environmental risk and maternal verbal intelligence. <u>Developmental Psychology</u>, 44,(4) 919-28.
- Chasnoff, IS, Griffith, DR, Freier, C, and Murray, J. <u>Pediatrics 89.</u> Cocaine/Polydrug Use Pregnancy: Two Year Follow-up. (2) 284-9. 1992
- Frank, DA, Augustyn, M, Knight, WG, Pell, T and Zukerman, B.(2001). *Growth, development, and behavior in early childhood following prenatal cocaine exposure: a systematic review*. <u>Journal of American</u> <u>Medical Association</u>, 285, (12) 1613
- Chiriboga, CA. (1998) Neurobiological Correlates of Fetal Cocaine Exposure Annals of NewYork Acadamy of Sciences, 846, 109-125.
- Eisenberger, N, Lieberman, M., Williams, K. *Does Rejection Hurt? An fMRI Study of Social Exclusion* in Science Vol 302, no 5643. Pp290-292. October 2003.
- ► Harvey, K.\_Trauma Informed Behavioral Interventions (2012) AAIDD Press, Washington.
- Harvey, K. Positive Identity Development (2009) NADD Press, Kingston.
- ▶ Herman, J. (1997). *Trauma and Recovery*. New York: Basic Books.
- LeDoux, J. (1996). The Emotional Brain. New York: Simon And Schuster. Chapter 8.
- Mercier F<sup>1</sup>, Kwon YC, Douet V Hippocampus/amygdala alterations, loss of heparan sulfates, fractones and ventricle wall reduction in adult BTBR T+ tf/J mice, animal model for autism. 2012 Neuroscience 2 p 208-13.
- Seigel, D. (2009). The Mindful Therapist. New York: W.W. Norton and Company. Chapter 10.
- Seligman, M. Authentic Happiness. New York: Vintage Books. 2006.