

# LIFE THROUGH TRAUMA- COLORED LENSES:

The effects of trauma on individuals with ID/DD



Priscila Norris, MS, MSW, LCSW

Clinical Director, NC START East, RHA Health Services  
Outpatient therapist/owner, Thrivemind Counseling & Wellness, PLLC  
Vice-President NASW NC Board of Directors

# OBJECTIVES

- **Differentiate** between complex trauma and other trauma-related clinical presentations
- **Describe** the developmental effects of complex trauma exposure
- **Discuss strategies** to support individuals with Intellectual and Developmental Disabilities with a history of complex trauma

## Handouts:

[www.thrivemindwellness.com/resources](http://www.thrivemindwellness.com/resources)



# HOW THIS MAY WORK OUT

- 1:45 – 2:30 – trauma, trauma syndromes, and categorical issues
- 2:30- 2:40 – break
- 2:40-3:30- developmental effects, trauma recovery
- 3:30-3:45 – Q & A



# IT ALL STARTS WITH STRESS

## Acute stress

Good stress

Motivates

Goal oriented

Increase blood flow

Sharpens eye sight

Enhances sense of  
smell

Enhances focus

Bursts of adrenaline



# EXCEPT...

## Chronic stress

Response to emotional suffering

Sense of loss of control

Deficits in cortisol control

Bursts of adrenaline

increases blood pressure

Enlargement of amygdala

Release of toxins which also  
affect endocrine system



# TRAUMA WORKING DEFINITIONS

## SAMHSA:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.*

*The individual's experience of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another*

## APA (DSM 5):

*Exposure to actual or threatened death, serious injury, or sexual violence. "Exposure": direct experience, witnessing, experiencing repeated or extreme exposure to aversive details of the traumatic event*

## Psychiatric Institute of Washington:

*Complex trauma refers to a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts... Complex trauma generates complex reactions, in addition to those currently included in the DSM*





- Physical violence
- Verbal abuse
- Sexual abuse (8 out of 10 females and 6 out of 10 males with IDD)
- Sudden loss of a loved one
- Automotive accidents
- Loss of limbs
- Exposure to war or acts of terrorism
- ???



# PREVALENCE

- ~ 25% of children with disabilities acquired the disability as a result of abuse
- **Overall, ID/D – 2 to 4 times higher than gen pop.**
- 5-15% develop symptoms but not full criteria for PTSD; 1-3% develop PTSD
- 80%-Rate of physical and sexual abuse among women with IDD who have been institutionalized
- 60%-Rate of physical and sexual abuse among men with IDD who have been institutionalized

But only 16.5% are diagnosed with PTSD

- PTSD is often misdiagnosed in people with ID as:
  - Psychotic Disorders
  - Borderline Personality Disorder
  - Dissociative Disorders
  - Bipolar Disorder
  - Intermittent Explosive Disorder



# TRAUMA AND STRESSOR-RELATED DISORDERS- DSM 5

- Reactive Attachment Disorder
- Disinhibited social engagement disorder
- PTSD
- Acute Stress Disorder
- Adjustment Disorders



# DSM 5

- Children exposed to violence, maltreatment, and loss who display affect regulation and relational problems are typically diagnosed with ADHD, ODD, Conduct disorder, and sleep and communication disorders
- Reactive attachment disorder and Disinhibited social engagement disorder in the Trauma-Related Disorders chapter
  - recognition of how inadequate caregiving and poor bonding in early experiences can affect later development
- The developmental effects of exposure to complex trauma are not captured by the DSM criteria for diagnosing PTSD or other disorders
  - The DSM 5 finally separates Trauma-and-Stressor-Related Disorders from Anxiety Disorders listing traumatic or stressful event as a diagnostic criterion



# NEUROBIOLOGY AND PHYSIOLOGY IN TRAUMA

- How? <https://youtu.be/WuyPuH9ojCE>
- Neuro-connections - shaped by experiences, good and bad
- Prefrontal cortex needed to process and integrate amygdala signals
- People living with continual fear may become “brainstem driven,” in a constant state of trying to survive.



# NEUROPHYSIOLOGY AND EPIGENETICS

- Developmental issues (including delays of immature brains) make brains more vulnerable to the effects of trauma
- Female genetic vulnerability (variation on the pituitary receptor gene)
- Trauma exposure and complex trauma (but also PTSD) affects multiple biological systems such as brain circuitry, neurochemistry, cellular, immune, endocrine, and metabolic functions.
- “complex trauma exposure results in a loss of core capacities for self-regulation”  
Cook, A., 2005
- Brain physiology is affected by trauma: cortex should be biggest part but in children with PTSD it is smaller, and the amygdala is larger
- Brain plasticity and epigenetics



# ID/DD TRAUMA

- More frequent exposure – higher vulnerability
- “normal” events can be traumatic- information processing and brain maturation
- The lower the developmental level, greater likelihood of behavioral rather than verbal expression of distress
- Difficulty expressing subjective experiences related to the event
- How about that reliance on pre-frontal cortex?
- Compromised frontal lobes – meaning making and integration
- Flashbacks – re-enactments



# POTENTIAL SIGNS OF TRAUMA IN ID/DD

- Clothes are changes, soiled, torn
- Changes in sleep
- Changes in menstrual cycle
- Increase in sexual interest and/or masturbation
- Diarrhea or constipation
- Changes in appetite and/or weight
- Onset of or worsening of aggression
- Irritability and anger
- withdrawal



## Domains of Impairment in Children Exposed to Complex Trauma

I. Attachment	IV. Dissociation	VI. Cognition
<p>Problems with boundaries</p> <p>Distrust and suspiciousness</p> <p>Social isolation</p> <p>Interpersonal difficulties</p> <p>Difficulty attuning to other people's emotional states</p> <p>Difficulty with perspective taking</p>	<p>Distinct alterations in states of consciousness</p> <p>Amnesia</p> <p>Depersonalization and derealization</p> <p>Two or more distinct states of consciousness</p> <p>Impaired memory for state-based events</p>	<p>Difficulties in attention regulation and executive functioning</p> <p>Lack of sustained curiosity</p> <p>Problems with processing novel information</p> <p>Problems focusing on and completing tasks</p> <p>Problems with object constancy</p> <p>Difficulty planning and anticipating</p> <p>Problems understanding responsibility</p> <p>Learning difficulties</p> <p>Problems with language development</p> <p>Problems with orientation in time and space</p>
II. Biology	V. Behavioral control	VII. Self-concept
<p>Sensorimotor developmental problems</p> <p>Analgesia</p> <p>Problems with coordination, balance, body tone</p> <p>Somatization</p> <p>Increased medical problems across a wide span (eg, pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)</p>	<p>Poor modulation of impulses</p> <p>Self-destructive behavior</p> <p>Aggression toward others</p> <p>Pathological self-soothing behaviors</p> <p>Sleep disturbances</p> <p>Eating disorders</p> <p>Substance abuse</p> <p>Excessive compliance</p> <p>Oppositional behavior</p> <p>Difficulty understanding and complying with rules</p> <p>Reenactment of trauma in behavior or play (eg, sexual, aggressive)</p>	<p>Lack of a continuous, predictable sense of self</p> <p>Poor sense of separateness</p> <p>Disturbances of body image</p> <p>Low self-esteem</p> <p>Shame and guilt</p>
III. Affect regulation		
<p>Difficulty with emotional self-regulation</p> <p>Difficulty labeling and expressing feelings</p> <p>Problems knowing and describing internal states</p> <p>Difficulty communicating wishes and needs</p>		



# IMPACT ON PERSONALITY DEVELOPMENT (CONT)



The state becomes a trait:

- People become “brainstem driven”, constant state of trying to survive, creating enduring behaviors and habits even in the absence of triggers
- May display habitual rigidity, inflexibility, develop rituals, try to control others and their environment, quickly shutdown, become angry, focus on personal interests/obsessions
- Manipulation and lying: skills of people who need to get their needs met and gain some control of their environment, for some, this is how they survived. It is either stimulus seeking or avoiding.
- Oppositional/Defiant/non-compliance: individuals become opposed to something or defiant, when saying “no” feels safer than complying with the request



# PERSONALITY DISORDERS- DSM 5

- Personality variables are concepts without sharp boundaries, making them imperfect measures of functioning or of any other concept.
- Personality is reflected in patterns of behavior and experience that occur consistently across a variety of settings, and across lifetime.
- There are currently 10 personality disorders, and PD NOS.
- The PDs characterized by “patterns” similar to those of individuals with a history of complex trauma are Borderline, Histrionic, Avoidant, and Dependent.



# PERSONALITY DISORDERS- DSM 5 (CONT)

- Borderline : instability of interpersonal relationships and significant impulsivity. Might feature anger toward caregivers if they are seen as neglectful or abandoning. Impulsivity in at least 2 areas: spending, sex, SU, reckless driving, and binge eating
- Histrionic: excessive emotionality and attention-seeking. Can be sexually provocative and theatrical, display shallow and shifting emotions, are suggestible.
- Avoidant: social avoidance and inhibition, preoccupation with rejection, and hypersensitivity
- Dependent: characterized by a fear of separation or loss of support, need for reassurance, and need for others to assume responsibility



# A CLOSER LOOK



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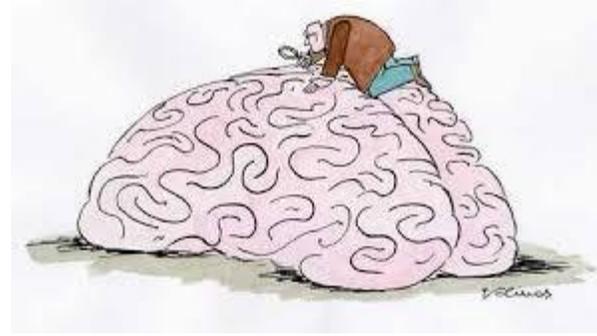
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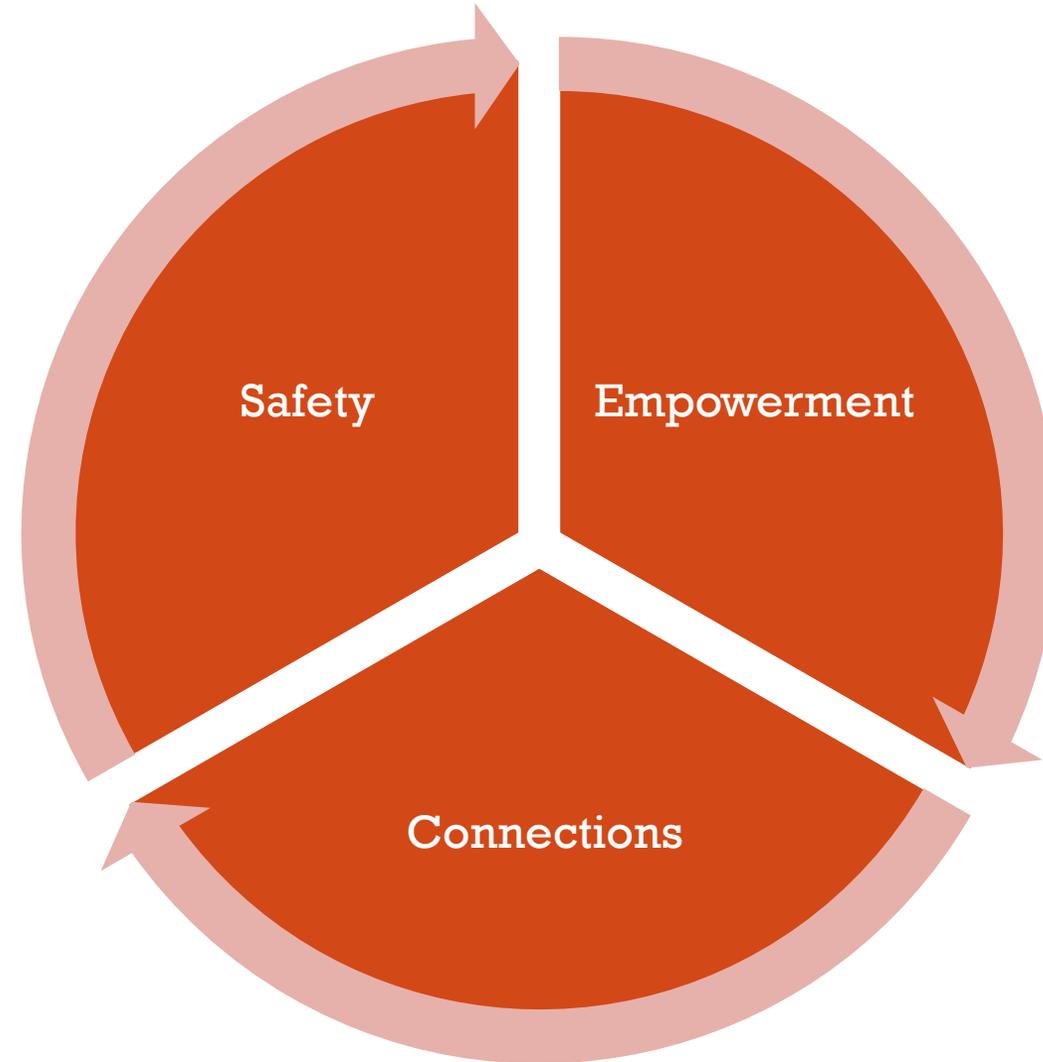


# CONSIDER THAT...

- Individuals with IDD are likely to experience delays in development that may result in immature personality, which will likely have these traits.
- These “patterns” can be seen as:
  - symptoms of early and/or prolonged exposure to trauma
  - development of attachment difficulties
  - common experiences of individuals with IDD that may have had protected upbringing and relative restricted exposure to some cultural experiences that would facilitate learning social norms and community skills
- Potential problems: unhelpful labels, blaming, lack of opportunity for positive identity development, restriction of access to services (primary vs secondary Dx), etc.



# CORE COMPONENTS OF TRAUMA INTERVENTION AND RECOVERY



# SAFETY

- Internal
- Environmental
- Compassion
- Effect of stress and Small T trauma over time:
  - Lowered threshold (small trigger, big effect)
  - Sensitivity to non-verbal stimuli (what was the trigger?)
  - Affective impairment remains post removal of stressor
  - Weaker ability of reward-predicting cues to elicit goal-directed behavior



# EMPOWERMENT

- Teaching and practicing strategies for inter-personal relationships (boundaries are important)
- Evidence-informed and evidence-based treatment methods adapted to the individual (DBT, TF-CBT, EMDR, music and art therapies)
- Positive Behavior Supports
- Mindfulness – Several meta-analyses and my personal favorite!
  - Research in Developmental Disabilities, Jan 2013
  - Systematic lit review, 12 studies, taught mindfulness to Mild to Severe DD
  - Significantly reduced emotional dysregulation problems
  - Prevented aggression
  - Improved self-management



# EMPOWERMENT — CONT.



- Yoga – as a complementary treatment for chronic PTSD (Journal of Clinical Psychiatry 2014)
  - N=64, F, age 18-58, randomized control, 10-week program Trauma-Informed Yoga or Women’s Health Education
  - 52% in Yoga group no longer met criteria for PTSD, compared to 21%
  - Statistically significant decrease in affect dysregulation, also reduction in tension and dissociative symptoms
- Not ready for yoga? That’s ok, start with pranayama breath
  - activates the PNS: slows breathing, drops heart rate and blood pressure, released CO2, and drops the arousal level
  - Creates a steady pattern of emphasis for the autonomic nervous system with each breath cycle
  - Increases oxygenation to muscles, releasing tension



# CONNECTIONS

- Rejection hurts - Eisenberger and colleagues (2003)
- Relational engagement
  - repair of or creation of effective attachment models, application in current relationships, and development of new, healthy relationships that emphasize safety, cooperation, boundaries, empathy, dignity, and trust
- Creating positive experiences – opportunities for enhancement of self-worth, self-esteem, positive self-appraisal through cultivation of personal characteristics and abilities, community inclusion, skill building, and fun
- Systemic integration- support for the individual must be systemic and integrative, in order to reduce isolation, potential for further victimization, and blaming
- Community connectedness: reduces medical problems, enables faster recovery, longevity, less likely to take medication, less likely to develop mental health problems.
- Deficits in social skills – what does this mean for the individual?
- We are relational beings- who we do things with is as important as what we do (if not more)



# IF IT LOOKS LIKE A DUCK...

(ACTUALLY IF IT LOOKS LIKE PSYCHOSIS OR BIPOLAR, IT MIGHT BE TRAUMA)

- Disorganized behaviors – inability to settle, feeling unsafe
- Disorganized speech – difficulty with expressive communication
- Flashbacks – re-enactments
- Oppositional behaviors – triggers (person?)
- “out of nowhere” – maybe you missed it
- Running off/elopement, task avoidance – fight, FLIGHT, freeze
- Aggression – FIGHT, flight, freeze
- Decreased need for sleep – nightmare avoidance
- Somatic complaints – that’s a whole other presentation...



“The most powerful rewards [neurologically] and the most intense pain come from relational experience”

-Bruce Perry, MD, 2006

“It is the relationship that heals.”

- Irvin Yalom, MD



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