



Assessing Trauma in Individuals With ID

ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES – WEBINAR

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Goals for today

- Understand the frequency and severity of abuse and neglect for people who have intellectual disabilities
- Recognize and learn to avoid diagnostic overshadowing of trauma symptoms and disability
- Learn about some aspects of the “culture” of disability
- Review tools used to assess child trauma and understand their application to people with intellectual disabilities

Under Reporting

- Estimated 1 in 30 instances of sexual abuse against a person with a developmental disability are successfully reported
- 1 in 5 for the general population
- Estimated only 3% of Sex Abuse cases are reported for this population

James, 1988

Valenti-Hein and Schwartz, 1995

Higher Incidents of Abuse for People with Any Disability

- 1.2 to 2 times more likely to suffer from maltreatment than their nondisabled peers
- 3.4 times as likely to be neglected
- 4 times more likely to be the victims of crime

Sobsey, 1996

Westat, Inc., 1993; Goldson, 2002

Higher Incidents of Abuse for People with Developmental Disabilities

- Meta-analysis shows people with developmental disabilities suffer 2.5 to 10 times the abuse and neglect of non-disabled peers
- More than 90% of adults reported sexual abuse within their lifetime
- 49% of that sample reported 10 or more abusive incidents

Abuse and Disability

- In an institutional setting the risk of sexual abuse is 2 to 4 times higher than the risk in the community
- The more severe the disability, the greater the likelihood of abuse

Sobsey, 1994

Sobsey & Mansell, 1990

Abuse and Disability

- People with more than one disability are at higher risk of:
 - physical abuse
 - sexual abuse and
 - the severity and duration of both types of abuse are greater

Abuse and Developmental Disability

- 3 to 6% of maltreated people have a permanent developmental disability as a result of abuse or neglect
- Child maltreatment is a factor in 10 to 25% of all developmental disabilities
- The vicious “two-way-street” relationship between trauma and disability

Sobsey, 1994

Vulnerabilities

- Higher level of assistance from caregivers
- For longer periods of time
- For invasive daily living functions
- Higher level of stress on the family/caregivers
- People are less able to meet parental expectations

Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004)

Vulnerabilities

- Cognitive disability interferes with:
 - The ability to predict high-risk situations
 - Understand what is happening in an abusive situation
- Barriers to reporting:
 - Mobility challenges
 - Restricted ability to communicate
 - Not perceived as credible reporters

Vulnerabilities

- Trained to be compliant to authority figures (Valenti-Hein & Schwartz, 1995)
- 44% had a relationship with their abuser directly related to their disability (Davis, 2004)

Vulnerabilities

- Increased responsiveness to attention and affection may make them easier to manipulate.
- Less likely to be provided with general sex education or any type of training around human sexuality.
- Caregiver's assumption that they are not developing sexually.
- Society's tendency to label people who are different as bad.

Trauma May Take Many Forms

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- Natural disasters
- Accidents
- Invasive medical procedures
- Physical abuse
- Emotional abuse
- Sexual abuse

Myths

- People with developmental disabilities do not have the same response to trauma as people in the general population (Charlton et al., 2004)
- People with developmental disabilities cannot benefit from therapy (Mansell et al., 1998)

Facts

- People with developmental disabilities suffer from the same difficulties in life that the non-disabled population encounters
 - Anxiety and depression
 - Grief and trauma
 - Job stress, divorce, separation, etc.

Facts

- Many different types of therapy have been found to be effective in treating people with developmental disabilities.
- Although it generally takes longer for people with developmental challenges to make changes, those changes are stable once made.
- People with developmental disabilities are less likely to recover spontaneously from trauma without treatment.

Trauma Information

- It is important that normal trauma responses not be attributed to the person's developmental disability or pre-existing mental illness.
- People with developmental disabilities generally have the same types of symptoms following trauma that anyone else would: sleep disturbance, startle response, numbing, emotional constriction, disrupted sense of safety, shattered self-identity, etc.
- Trauma responses generally represent a change from the person's normal level of functioning.

When is trauma treatment needed?

- When time has passed after a trauma and the person has not returned to their prior level of functioning.
- When the remaining symptoms of trauma are significantly impairing the person's ability to function.
- Trauma history does necessitate treatment

Normal Response to Trauma:

Responses that abate over time

- Loss of control during the event.
- After the event:
 - Intrusion of material from the event
 - Numbing
 - Emotional constriction
 - Intense efforts to control experiences that might elicit memories
 - Dissociative splitting off or aspects of the experience
 - Hypervigilance (enhanced startle response and sleep disturbance)
 - Shattered sense of safety
 - Disruption of self-identity

Trauma Symptoms:

Responses that continue to be problematic long after the event

- Sleep disturbance
- Exaggerated startle response
- Numbing
- Emotional constriction
- Disrupted sense of safety
- Shattered self-identity
- Trauma responses represent a significant change from the person's normal level of functioning.

Complex PTSD

- Early & prolonged exposure to abuse and neglect
- Overdevelopment of hypothalamus & limbic system
- Underdevelopment of frontal lobe and brain fissures
- Hyper-vigilance at baseline
- Dissociative episodes under stress
- Aggressive behavior
- Extreme avoidance and dysregulation when triggered

Why Assess Trauma?

- Provides a “picture” of what is going on with the individual
- Helps to determine
 - Presenting symptoms
 - Do they need treatment?
 - What types of treatment are best fit
 - If trauma focused treatment is indicated
- Helps in development of treatment plan
- Enables therapist to assess treatment progress

Assessment in Treatment

- Assessment is an ongoing component of treatment
- Psychoeducation of caregivers is an essential part of ongoing assessment
- Trauma assessments are not investigations
- Treatment is about a client's perceptions not necessarily about facts of what happened

Areas of Assessment

- Trauma History
 - Presenting trauma and its important characteristics
 - All other traumas
- Mental Health Symptoms and Behavior Problems
 - History and current symptoms
- Environment
 - Safety, support, individual-caregiver relationship
 - System involvement with family/caregivers since abuse
- Characteristics of Trauma
 - Frequency, chronicity, perpetrator/relationship, disclosure and response
 - Legal involvement

Challenges in Assessment

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- Be careful of diagnostic overshadowing
 - Overwhelming over attribution of symptoms to the disability
 - Sensory hypersensitivity vs. startle response
 - Social withdraw/depressive symptoms vs. typical ASD
 - Expressive language problems vs. dissociation
- People who have cognitive disabilities sometimes do not have family/caregivers to serve as good historians.
- Ongoing assessment needed in treatment

Developmental issues:

Why child/adolescent tools and approach may be more appropriate

- Reliant on parents/caregivers for history and behavioral observation and report
- Communication and socialization deficits can result in developmentally “childlike” presentation of symptoms
 - Repetitive play or verbalizations that have trauma themes
 - Psychological Stress or psychological reactivity to triggers
 - Inability to understand that events were traumatic
- Assessments, like treatment, should be adapted for developmental and age appropriateness.

Assessment Tools

- Baseline Trauma Assessment (NCTSN)
 - Collection traumatic event history
 - Begins desensitization process through gradual exposure
- Assessment of severity of trauma symptoms
 - UCLA-PTSD Index ©1998 Pynoos, Rodriguez, Steinberg, Stuber, & Frederick.
 - Trauma Symptom Checklist for Children ©PAR (Psychological Assessment Resources, Inc.)

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The UCLA PTSD for DSM-IV

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- The National Center for Child Traumatic Stress has a power point that can be viewed on administering and scoring the UCLA reaction index (<http://www.nctsn.org/products/administration-and-scoring-ucla-ptsd-reaction-index-dsm-iv>)
- The University of California requires a licensing agreement for the use of the scale. For assistance, contact:
UCLA PTSD Index for DSM-IV: UCLA
Trauma Psychiatry Service
300 Medical Plaza
Los Angeles, CA 90095-6968
Phone: (310) 206-8973
Email: HFinley@mednet.ucla.edu

Name _____; Center Number ; Subject I.D. Number ; Age ;
Sex: Male Female; Today's Date (write month, day and year) //; Week of Treatment:

Here is a list of problems people sometimes have after very bad things happen. Please **THINK** about the bad thing that happened to you. Then, **READ** each problem on the list carefully. **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you **in the past month**. Use the **Rating Sheet** on Page 3 to help you decide how often the problem has happened in the past month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

HOW MUCH OF THE TIME DURING THE PAST MONTH	None	Little	Some	Much	Most
1 _{D4} I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 _{B4} When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3 _{B1} I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4 _{D2} I feel grouchy, angry or mad.	0	1	2	3	4
5 _{B2} I have dreams about what happened or other bad dreams.	0	1	2	3	4
6 _{B3} I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 _{C4} I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 _{C5} I feel alone inside and not close to other people.	0	1	2	3	4
9 _{C1} I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 _{C6} I have trouble feeling happiness or love.	0	1	2	3	4

FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME
DURING THE PAST MONTH, THAT IS SINCE _____,
DOES THE PROBLEM HAPPEN?

0

1

2

3

4

NONE

LITTLE

SOME

MUCH

MOST

S	M	T	W	H	F	S

S	M	T	W	H	F	S
	X					
					X	

S	M	T	W	H	F	S
		X			X	
		X				
			X			
		X	X			

S	M	T	W	H	F	S
	X		X		X	
X				X		
	X		X		X	
X		X				

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

NEVER

TWO TIMES
A MONTH1-2 TIMES
A WEEK2-3 TIMES
EACH WEEKALMOST
EVERY DAY

Review:

- People with ID experience traumatic events at a much higher frequency than the non-disabled population
- Due to resiliency factors, people with ID may not spontaneously recover from traumatic events
- There is frequently over-attribution of traumatic stress to the disability
- What we have learned about child trauma assessment has implications for assessing people with ID
- Assessment is an ongoing component of treatment