

Trauma-informed services for adults with developmental differences

Creating safe and connected programs
to help adults with developmental
disabilities build needed skills to thrive



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California Center of Excellence for
Trauma Informed Care, Santa Cruz, California
www.trauma-informed-california.org

AGENDA

- 9:00-9:20: Intros and ice breaker
- 9:20-10:30: Foundations of trauma-informed services
- 10:30-10:45: Break
- 10:45-12:00: Neuro-sequential model: Safety and self-regulation
- 12-1pm: Lunch
- 1:00-2:15: Behavioral disclosures of safety/danger in the dev dis population
- 2:15-2:30: Break
- 2:30-3:45: Staff self care — addressing the impact of trauma work
- 3:45-4:00: Evals and sign out

Who am I?

- Master in policy studies, specifically criminal justice policy and the female offender, from the Johns Hopkins University.
- Worked for MD parole and probation and ran the first victim services program in community corrections as well as for the Administrative Office of the Courts, Judicial Council of California.
- Contracted with the CA Dept of Public Health working with the 94 DV shelter agencies to manage a 3-year training and technical assistance program on substance abuse and mental health issues.
- Facilitate *Seeking Safety* group for women with PTSD + substance abuse and domestic violence (5+ years currently).
- Train on EBPs *Seeking Safety* under supervision of Dr. Lisa Najavits and the *Danger Assessment* by Dr. Jacquelyn Campbell.

Caregiver trauma

- Podcast – Reveal – 3 episodes
<https://www.revealnews.org>
- The Atlantic “Who decides where autistic adults live?”
– <http://www.theatlantic.com/health/archive/2015/05/who-decides-where-autistic-adults-live/393455/>
- Understanding Caregiver Abuse as Domestic Violence: Systemic Change in Wisconsin
– <https://ici.umn.edu/products/impact/133/prof1.html>

With a neighbor

- Discuss the most common challenges working with adults who have co-occurring developmental and mental health disorders?
- What role does trauma play in these challenges?

Foundations of trauma-informed services

**PUBLIC HEALTH/
UNIVERSAL PRECAUTIONS**

Overall finding – MH/SA

“Service delivery improvements have occurred without a corresponding increase in MH/SA-specific funding, leading to the conclusion that technical assistance and training alone, even without additional funding, can result in transformational changes to an agency’s approach and philosophy.”

– Independent evaluator Dr. Moira DeNike

People with developmental disabilities

- California defines a person with a developmental disability as anyone who has acquired intellectual disability, autism, epilepsy or cerebral palsy before age 18 and is likely to need special services throughout life.
- The federal definition uses age 22 and looks at a person's range of abilities instead of diagnostic categories.

A public health problem

- Abuse and neglect of people with developmental disabilities is a **public health problem** because Californians with developmental disabilities are likely to be:
 - Victimized 4-10 times more frequently than other citizens
 - at higher risk for re-victimization
 - frequently severely abused and for longer periods of time
 - most frequently victimized in their residences by persons they know and who may be responsible for their services and supports; and
 - inadequately educated and supported to recognize, resist, and seek alternatives to abusive situations.

Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California August 2003

- The current system of protections is inadequate for victims with developmental disabilities because it:
 - results in the underreporting of abuse, neglect, and victimization in this population;
 - fails to collect reliable, valid data concerning the scope of the problem;
 - is complex and confusing to victims and mandated reporters; and
 - is generally unsuccessful in prosecuting perpetrators.
- Many individuals within the abuse response and criminal justice systems lack training and expertise working with people with developmental disabilities.

**Abuse and Neglect of Adults with Developmental Disabilities:
A Public Health Priority for the State of California August 2003**

Trauma-informed → Safety

TRAUMA-INFORMED: a culture that acknowledges the impact of trauma and strives to increase physical and emotional safety – public health

TRAUMA-SPECIFIC: interventions whose primary task is to address the impact of trauma and to facilitate trauma recovery – individualized treatment

All publicly funded programs benefit from becoming trauma informed and can also choose to also become trauma-specific.

Public health and violence

- Public health professionals use epidemiologic methods to understand violence and identify modifiable risk factors.
- Behavioral health
- Children Mental Health
- Violence
- Teen Dating Violence
- Violence Prevention
- Urban Drug Crime
- Gun violence

Public Health Campaigns

- Lead abatement
- Car seat mandates
- Designated driver
- Anti-smoking campaign
- Infant mortality reductions
- Disease control and transmission
- Waste treatment
- Food safety
- Fluoride in water
- Iodide in table salt
- Home visitation nurses

A paradox

- Ultimately, one sees that many of the more serious public health problems, while indeed undesirable for society, are *also* unconsciously attempted solutions to personal problems that are unrecognized because they are lost in time, and further protected by shame, by secrecy, and by social taboos against exploring certain realms of human experience and activity. This represents a public health paradox wherein the public health problem is also a personal solution. This public health paradox underlies many of our most difficult current problems in medicine and public health: in general people are not eager to give up the thing that comes closest to helping, especially at the behest of those who have no idea what has gone on in their lives.

THE LIFELONG EFFECTS OF ADVERSE CHILDHOOD
EXPERIENCES

Vincent J. Felitti, MD Robert F. Anda, MD, MS

Public health model

1. Administrative commitment to awareness and information related to the neurobiological implications of trauma
2. Workforce recognition that trauma symptoms manifest in a variety of systems: medical, school, child welfare, parenting, work, treatment, benefits, military, adult protection, etc.
3. Programs designed to support of the bottom-up nervous system requirement for safety and self-regulation (focus on this first and foremost)
4. Unsafe behaviors – writ large – are both a symptom and temporary solution to the trauma problem: use decreases in unsafe behaviors a measure of success for client and program.
5. Train workforce and develop internal guidelines related to TiNs.

TREATMENT

- Trauma and its sequelae require an urgent public health response by providing on-demand, high-quality, low cost treatment.
- Treatment is providing skills to be able to cope as safely as possible with the effects of trauma, its symptoms and the unsafe behaviors that overwhelmingly occur post trauma.
- Every agency and staff person receiving public funding can provide treatment in every interaction with a client.

~ Shifts ~

- Public health model (vs private practice model)
- Universal precautions for trauma (vs. disclosure and processing)
- Safety of client is paramount (vs relationship)
- More sensory awareness (vs. talking)
- Invitational (vs. compliance)
- Inform on rights (vs. feelings)
- Track in writing commitments, agreements and follow-up (vs. from scratch)

With a neighbor

- How does the public health approach shift the discussion around trauma, people with disabilities and trauma treatment?
- What do you think is the biggest challenges to this public health model?

2012 Abuse of People with Disabilities

- Over 70% of people with disabilities who took the survey reported they had been victims of abuse.
 - 74.8% of people with mental health conditions reported they had been victims of abuse
 - 67.1% of those with a speech disability
 - 66.5% of those with autism
 - 62.5% of those with an intellectual or developmental disability
 - 55.2% of those with a mobility disability reported having experienced such abuse.
- More than 63% of parents and immediate family members reported that their loved one with a disability had experienced abuse.

Trauma ↑ Risk for Dev Disability

- Neglected children showed significantly lower
 - IQ
 - reading, and mathematics
 - selected differences in complex visual attention and visual memory
 - language, verbal memory and learning
 - planning and problem solving
 - speeded naming
- Lower IQ, neurocognitive functions, and achievement may be associated with more PTSD symptoms (particularly re-experiencing symptoms), greater PTSD severity, and a greater number of maltreatment experiences.

(de Bellis, et al, 2009)

Developmental Disability ↑ Risk for Trauma

- 4–10x increased risk of becoming a crime victim
- 83% of women (2x gen pop) victims of sexual assault.
- 32% men (4x gen pop) victims of sexual assault.
 - (Disabled Crime Victims Assistance, Inc., 2006)
- 99% of those who commit abuse are well known to, and trusted by, both the child and the child's care providers
 - (Baladerian, 1991).

Children with moderate/severe intellectual disabilities

- 3x more likely to have been emotionally abused
- 3.5x more likely to have been physically abused
- 6.5 times more likely to have been sexually abused
 - (Spencer et al., 2005)

Increased risk for emergency room visit for people with ID/DD

- Drug or alcohol problem (38% risk increase)
 - Problems with police or other authority (37%)
 - Recent trauma/abuse (31%)
 - Serious problem with family, friend or caregiver (23%)
 - Move of house or residence (15%)
 - Unemployed for more than 1 month (14%)
- (Lunsky, 2011)

Unsafe schools?

- California special education enrollment roughly constant at 686,000 students (2005-06 to 2001-12)
- Behavioral emergencies climbed from 9,921 to 22,043 (122%) from 2005-06 to 2011-12.
- The heaviest use of restraint and seclusion occurred at private special education schools that operate under publicly funded contracts with districts.
- 2011-12 was the final year the state collected incident data.

(EdSource 4/19/15)

Universal precautions

- The rates of abuse among adults with developmental disabilities is high.
- Reporting of abuse is low.
- It is recommended that agencies that work with adults with developmental disabilities use a universal precaution approach:
 - Use trauma as a context for bio-behavioral responses
 - Use trauma-informed approaches to increase safety, physical and emotional.

With a neighbor...

- How does universal precautions shift the discussion around trauma disclosure and processing?
- How do universal precautions affect how you do your job?

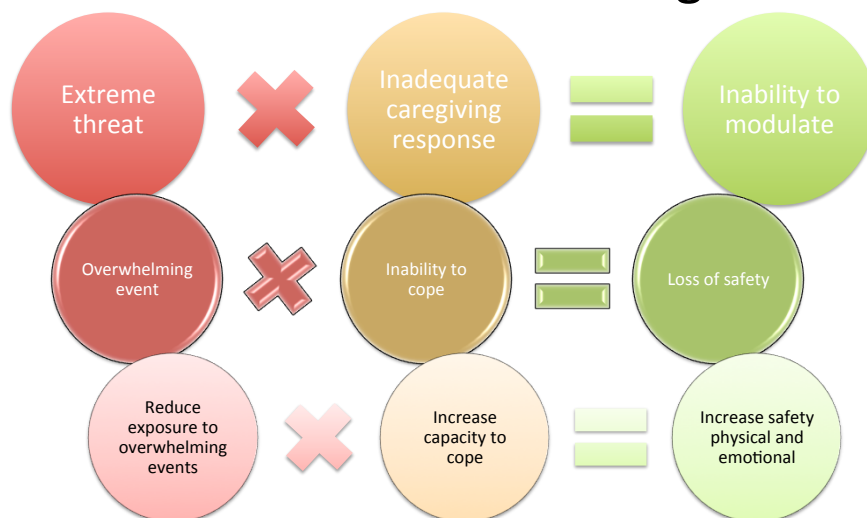
Safety is the key to treatment, transformation and triumph

THE TRAUMA-INFORMED, NEURO-SEQUENTIAL (TI/NS) MODEL

The trauma-informed, neuro-sequential model

- Helps adults build the skills needed to improve client outcomes.
- Works on multiple levels
 - Self
 - Interventions and interactions
 - Program design, policies and procedures
 - Governance, funding and regulatory structures
- Uses the 3 phases of trauma recovery to focus on **safety in the present** as the most pressing need of trauma-exposed people.
- Uses the neurosequential model to develop or select programming, policies, curricula and interventions – **focusing on self-regulation first and foremost.**
- Unites all disciplines by providing a consistent, **science-based theoretical framework.**
- Is humane, universal and useful for all fields, skill sets, job functions and educational levels

Trauma is neurobiological!

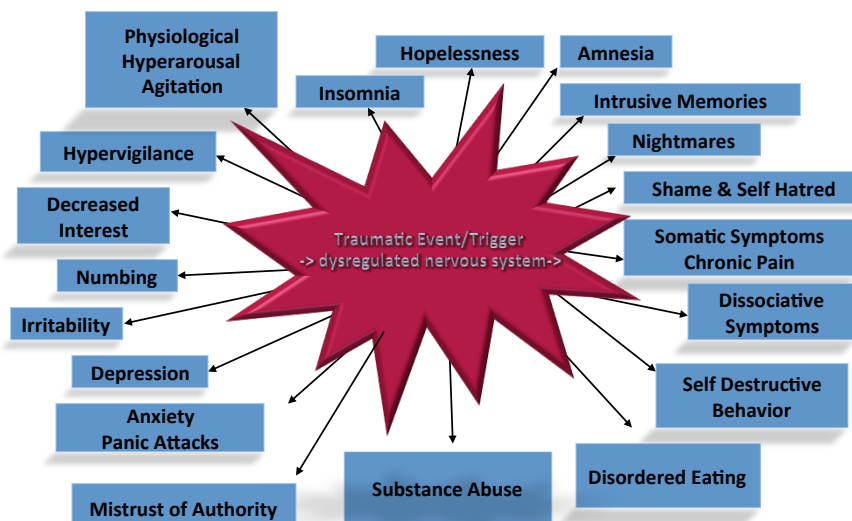


SAMHSA

- 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.
- www.samhsa.gov/traumajustice/traumadefinition/definition.aspx

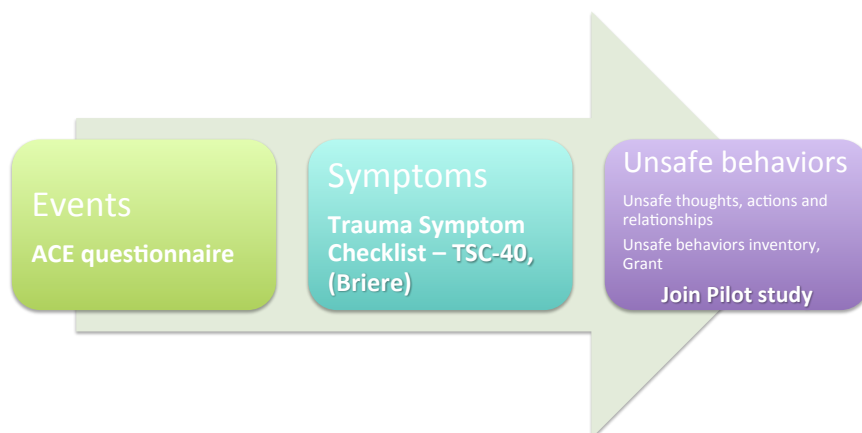


Trauma Responses



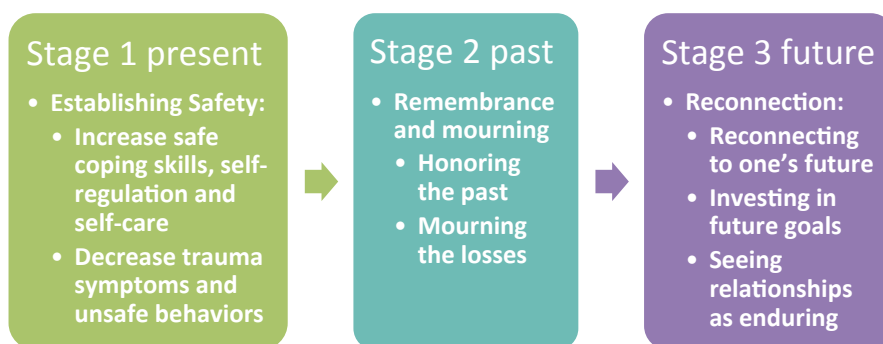
Fisher, 2005

Identifying trauma



To join the UBI Pilot Study, email
traumainformedcalifornia@gmail.com
 Subject line: UBI

Stages of Trauma Recovery



Judith L. Herman, 1992

Trauma informed goals and skills

Goal

- Safety (phys and emo)
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

SAMHSA, 2014

Skill

- Build safe coping skills
- Become more transparent, become known to someone
- Identify and build safe connections
- Work on something you care about with other who care about the same thing
- Develop personal power: ability to speak and act autonomously
- Accept messages that help; disregard messages that hurt

Grant, 2015

2 Safeties

Physical safety

- Expectation of physical integrity; absence of threat of physical harm.
- Objective – general agreement
- The risk is immediate or imminent. Right now!
- Rules (laws), procedures, practice, system response
- **ACTION! RUN, YELL, HIDE, FIGHT, PRAY**

Emotional safety

- Expectation of respect and autonomy; absence of humiliation.
- Subjective – often debated
- The risk is not immediate, there is some time.
- Choices, agreements, support, progress, review
- **CONSIDER ALL OPTIONS AVAILABLE**

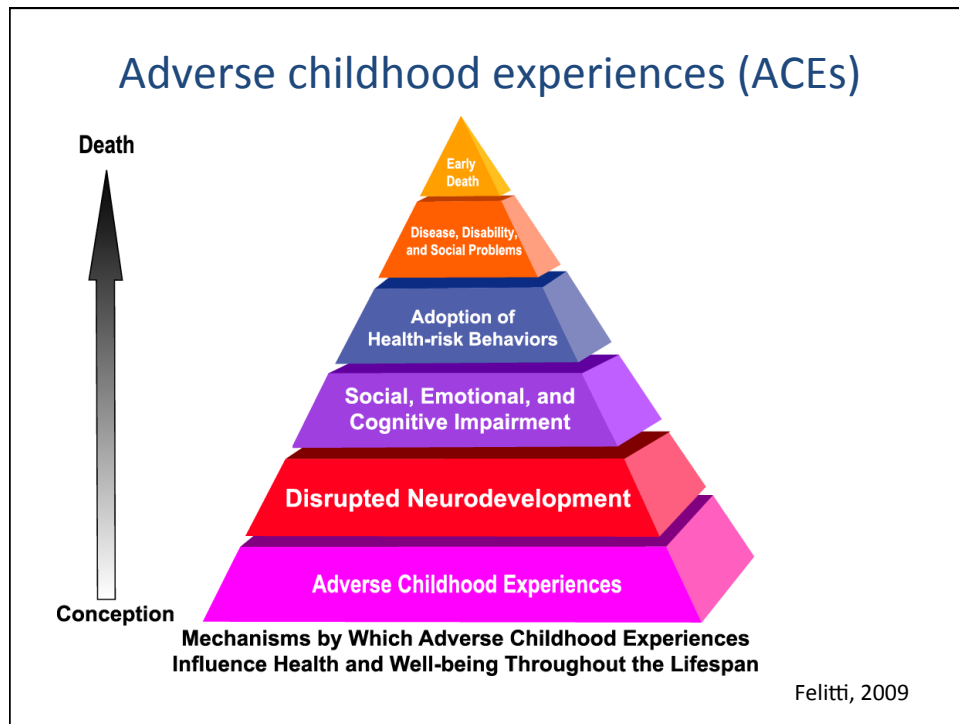
Grant, 2015

Thought questions

- Choose 1 core value (of the 6) to increase in the work your agency does.
 - Safety: Distinguish between physical and emotional safety
- What can you specifically do to increase this value?
 - Ask staff to identify which safety before developing a response.
- How can you measure the increase in this value among your clients?
 - Reduction in unsafe behaviors (eg. Sub abuse, etc.)
 - Increase in safe coping (grounding, delaying unsafe bx, attending groups that feel supportive, getting organized, etc.)
 - See safe coping skills list (Seeking Safety)

Safety and self-regulation

NEUROSEQUENTIAL MODEL



Trauma affects cognitive memory (and reinforces sensory memories)

- Life threatening events affect brain structures used in memory formation and consolidation.
- Threat produces hormones (catecholamines, cortisol, opioids) that impair memory consolidation.
- Stress hormones reduce hippocampal size.
- Similar power dynamics induce similar hormonal reactions, resulting in reactions that replicate past traumatic experiences.

Campbell, 2014

Trauma/PTSD \approx neurological disability

- Trauma interferes with the interpretation and communication functions of the brain, leading to non-verbal communication and misinterpretation of non-verbal signals. (interpersonal problems)
- Complex trauma/PTSD interferes with a persons ability to store and retrieve information (memory problems)
- Understanding brain development and functioning helps decipher how the person is interpreting the world around him/her. (fundamental need for safety to function now)

Nonverbal communication

BEHAVIORAL DISCLOSURES OF SAFETY/ DANGER

Vagal brake

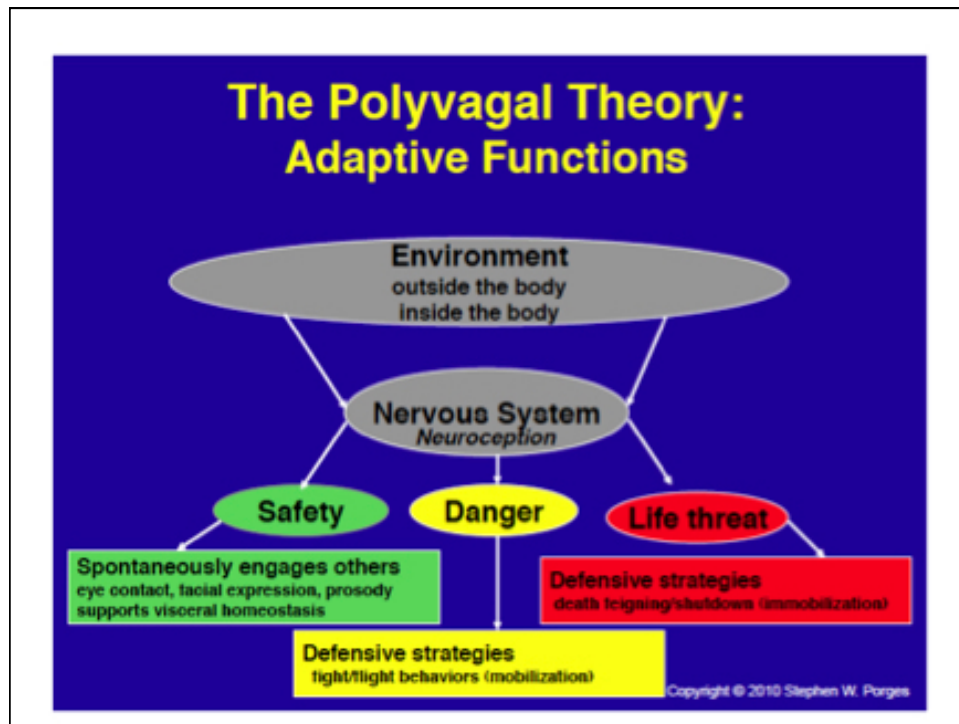
- When sympathetic tone (threat) drives the body in an unsustainable way, physiology demands some respite and it often comes in the form of shut-down. Unmyelinated dorsal vagal system results:
 - Freezing
 - Speechlessness
 - Dissociation
 - Involuntary Defecation
 - Involuntary Urination
 - Fainting
 - Shock
 - Sense of Effort (difficulty to move)
- The ventral vagal system is involved with most aspects of social contact and pleasure. Myelinated vagal system
 - Eye Contact*
 - Touch*
 - Human Voice*
 - Crying
 - Listening
 - Music
 - The Sun
 - Moderate Exercise
 - Warmth
 - Functional Breathing
 - Closing Eyes
 - Lengthening Muscles
 - Vomiting or Gagging
 - Screaming or Wailing
 - Moving Water
 - Sex and Masturbation
 - Falling Asleep
 - Honest Anger
 - Hypnotic Trance
 - Rhythmic Movement
 - Avoiding Deadlines
 - Familiar Rituals

Relational interventions contraindicated and mastered defense strategies will be used. A dorsal vagal shift is very common in modern life, but often unrecognized, because to others it can appear quite erroneously as being well-behaved or peaceful. **“Functional dissociation”**

***Requires ability to socially engage and may not work for many. The ventral-vagal system is a way of achieving personal safety, but it requires a moderate amount of actual safety to develop or stay employed. Some people are stuck in an unsafe Catch-22!**

Maternal nurturing creates myelinated vagal system





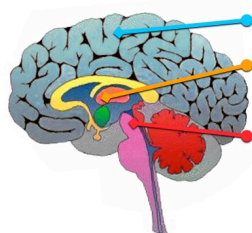
Three Core Concepts in Early Development

2

Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

Neurosequential Model of Therapeutics



Therapeutic techniques can then be more verbal and insight oriented (cortical) using any variety of cognitive-behavioral or psychodynamic approaches.

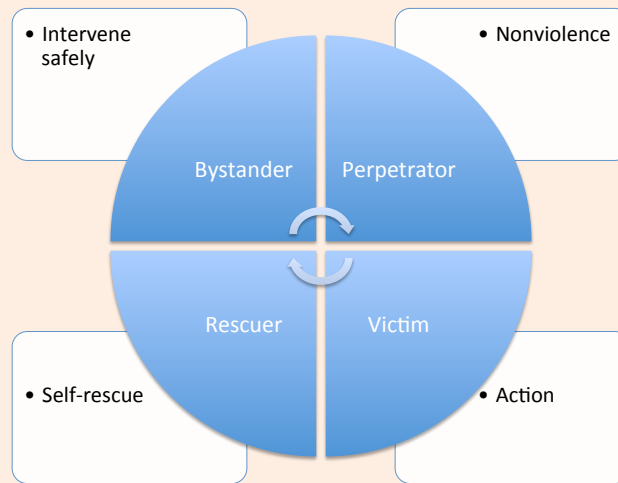
Therapeutic work can then move to more relational-related problems (limbic) using more traditional play or arts therapies and to improve fundamental dyadic relational skills.

Focus first on the poorly organized brainstem/diencephalon and related self-regulation, attention, arousal, and impulsivity. Using any variety of patterned, repetitive somatosensory activities to provide these brain areas patterned neural activation necessary for re-organization: music, movement, yoga (breathing), and drumming or therapeutic massage.

Complex trauma



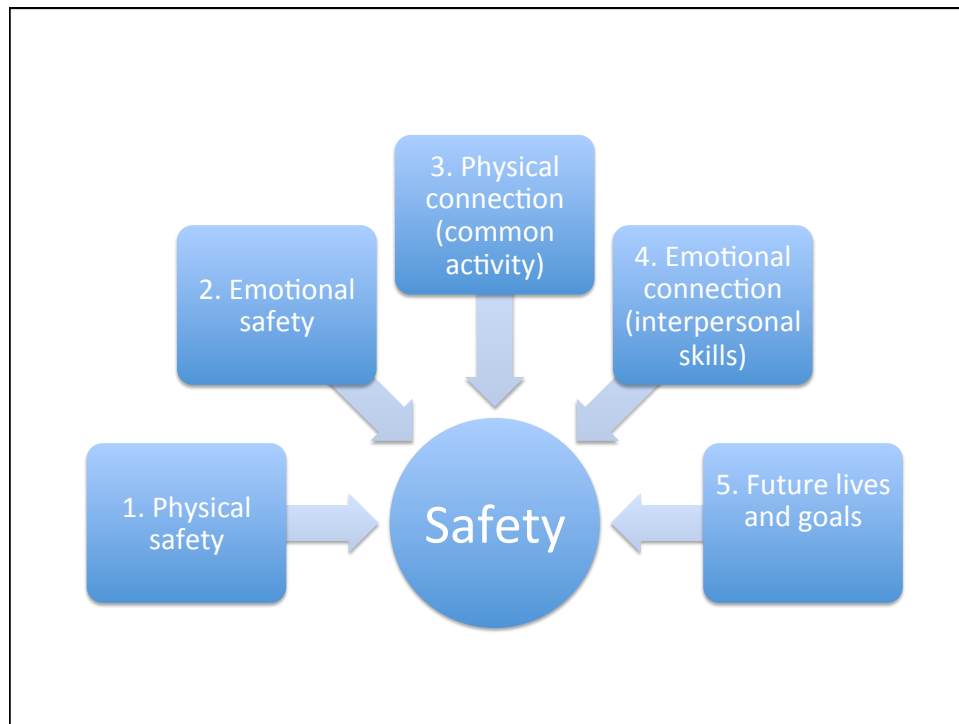
Central trauma roles



Example: Positive talk

- Centennial staff practice the use of effective teacher commands and take data on the use of positive and neutral statements in the classroom.
- Brief and clearly stated directives
- Delivered one at a time with sufficient wait time to allow students the opportunity to comply.
- Staff do not attempt to coerce students, nor do they use sarcasm.
- Staff are encouraged and expected to speak respectfully about students, parents and fellow co-workers to contribute to a positive school climate.

George, et al., 2013



For the person with developmental disabilities, problem solving and interpretation of events and situations are typically assessed with significant value placed upon maintenance of a stable environment.

Hastings, 2002

Goal: Increase safety and self-regulation

- Distinguish between physical and emotional safety.
- Relate all unsafe behaviors to the person (do not hold other people's safety as more important).
- Measure reductions in unsafe behaviors and use that to assess program's effectiveness w/client
- Develop self-regulatory practices and train all staff on a variety of activities.
- Implement regular grounding practice in program (See Nebraska)
- Use the *Danger Assessment* if domestic violence involved
- Offer *Seeking Safety EBP*

Activity: How can you use visuals/ index cards to help Jose stay safe?

What works for Jose

- Treat me with respect
- Having choices
- Working every other day
- Having things to look forward to
- Having a variety of support people
- Leave when I get mad
- Jose's in charge

What does not work for Jose

- People touching my stuff
- People telling me what to do
- Treating me like a "kid"
- Having the same support people more than 3 days in a row
- Not taking my diabetes medications

Goal: Eliminate aversive practices

- Faulty Beliefs + Lack of Training = Aversive Practices
- Aversive practices of any kind are a *failure* of an educational plan, not a plan
- Commitment to elimination of seclusion and restraint.

Problem Solving Procedure

- Problem identification
- Prevention
- Action plan
- Commitment

- Use Massachusetts handout to educate, inform, prepare, respond and recover visually

Example: School-wide Expectations for Students

Client skills

- *The "Take Five."*
 - Be there and be ready
 - Be respectful
 - Be responsible
 - Personal space
 - Follow directions
- Self-management strategies
- instruction and students are initially encouraged to use the strategy when misbehavior appears to be escalating.
- Problem solving
- The purpose of problem solving is to teach students a simple school day.

Professional skills

- Positive talk
- Positive parent/family engagement
- Procedure for low-level misbehaving
 - Proximity
 - Good model procedure
 - Private reminder
 - Private warning
 - Private prompt to self-management
 - Prompt to proceed to problem solving
- School-wide Behavior Recognition System
- Tiered Academic Instruction
- Data-based Decision-making
- Celebrations and Ceremonies
- Policy and procedures handbook

Goal: Promote consumer advocacy

- Become more transparent and increase peer support
- Invite an advocacy group to come and inspect
- Take recommendations seriously
- Invite in regularly
- Connect clients to advocates

Goal: Treatment for I/DD and PTSD

- Seeking Safety has been used with people with limited to no reading skills.
- PTSD was incorporated into the 'Diagnostic Manual – Intellectual Disability' (Fletcher, Loschen, Stavrakaki, & First, 2007)
- EMDR is applicable psychological trauma treatment for persons with limited verbal capacities. (Mevissen, et al, 2011)
- EMDR may be an effective method of trauma treatment for clients with intellectual/developmental disabilities. (Barol & Seubert, 2010)

Discussion: 15 minutes

- See <http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>
- Discuss the aspects that most stood out?
 - About trauma?
 - About trauma-informed services?
 - About needs for treatment provision?
- Discuss the areas that are most important to address?

ID/DD Resources

- Abuse of People with Disabilities: Victims and Their Families Speak Out
 - <http://disability-abuse.com/survey/survey-report.pdf>
- TASH.org – national advocacy and resources
- Disability Rights California
 - <http://www.disabilityrightscalifornia.org>
 - Client Assistance Program
 - 1-800-776-5746 or 1-800-719-5798 (TTY)
- Facts on Traumatic Stress and Children with Developmental Disabilities – National Children Traumatic Stress Network (nctsn.org)
- Centennial School: Eliminated seclusion and restraint 100%
 - <http://centennial.coe.lehigh.edu/>
 - Education and Day Treatment Opportunities in Schools: Strategies That Work
- In My Jurisdiction: Responding to Crimes Against People with Disabilities, Deaf Individuals, and Older Adults
 - Disability Services ASAP (A Safety Awareness Program) of SafePlace, TX
- Development of an Abuse Screening Tool for Women with Disabilities (2003)
 - <http://disabilities.temple.edu/programs/justice/docs/bibliographyScans/Curry%201.pdf>

Thank you!

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California Center of Excellence
 **for Trauma Informed Care**