Prevalence of Trauma in Individuals with Intellectual and Developmental Disability and the Importance of Implementation of Trauma Informed Care

California START, Alta Regional

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OVERVIEW

The purpose of this study (part 2) is the continuation of last year's examination of the impact of trauma exposures/experiences and the gap in accurate diagnosis and treatment in individuals with IDD. The focus of this study is to increase awareness and knowledge of the prevalence of trauma in individuals with intellectual and developmental disability (IDD) and the importance of implementing trauma informed care to decrease behavioral health symptoms and increase PERMA.

Research have shown that people with IDD are at a much higher risk of experiencing and/or being exposed to some type of trauma throughout their lives. In fact, people with IDD are six (5) times more likely to experience abuse or neglect in childhood, three (3) times more likely to experience rape sexual assault, aggravated assault, and robbery, and three (3) time more likely to be sexually abused in childhood (Galindo, 2020). It has also been found that when it comes to treatment, focus tends to be on the "behavior" instead of the root of the behavioral issues (Evans, 2017). Behaviors are expressions of emotions so when treatment focuses on the behavior, that can make the trauma experience worse for the individual leading to an increase in behavioral health symptoms. When trauma informed care is implemented, it shift understanding of the behavior from something that is "manipulative" to an expression of emotions and result of the changes from the trauma experience (Galindo 2020).

In the context of this study, trauma informed care includes the components of START model. Trauma informed care focuses on safety, trustworthiness and transparency, peer support and mutual self-help, collaboration, empowerment, voice and choice, cultural, historical and gender issues (Beasley, 2022). Trauma informed care also includes positive psychology, implementation of biopsychosocial model, psychoeducation to caregivers, system members as well as to individuals with IDD and developing/implementing a comprehensive crisis plan (CSCPIP).

As part of this study, we looked at individual's who are enrolled in START program and did a comparison study of their behavioral health symptoms at time of intake and 6 months after treatment. Our hypothesis was that once trauma informed care is implemented, behavioral health symptoms as reported by caregivers will show a decrease and overall functioning will improve (PERMA). To test our hypothesis, we looked at ABC scores (pulled from SIRS) at time of Intake and at time of 6-month re-evaluation. A questionnaire was competed by the assigned coordinator identifying history of trauma, trauma diagnosis and implementation of trauma informed care.

Figure 1

Figure 2

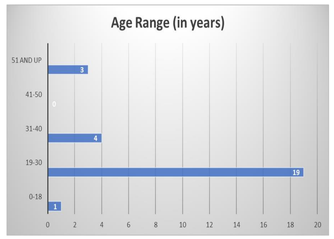


Figure 3

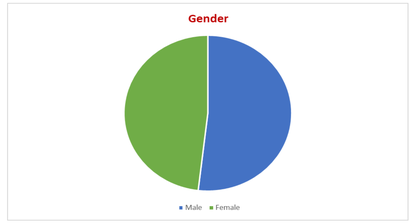
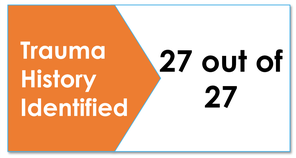


Figure 4



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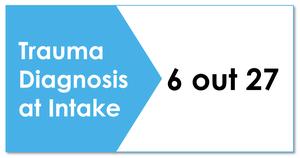

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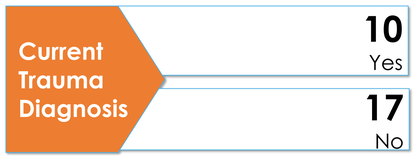


Figure 7

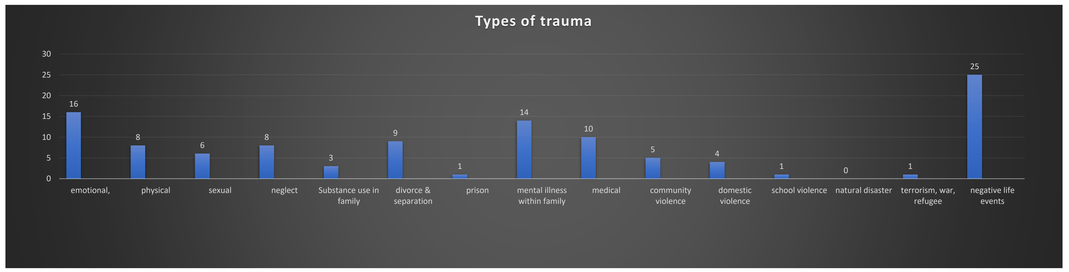
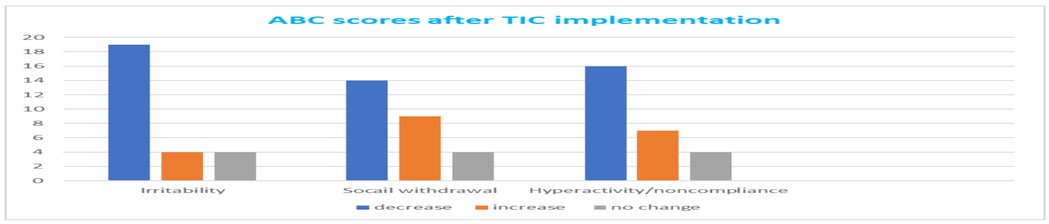


Figure 8



NEXT STEPS

1. Training to staff, system members, providers about trauma, history of trauma, and symptoms of trauma in individuals with IDD and the importance of trauma informed care.
2. Training to staff, system members, caregivers about trauma informed care and implementation of trauma informed care.
3. START coordinator training on trauma and trauma related diagnosis to increase knowledge, understanding of diagnostic criteria

RESULTS

Individuals Served:

Current enrollment is 59 individual with ALTA Ca START. A total of 27 individuals with a diagnosis of IDD were part of the record review. Individuals who have not received START services for at least 6-months were excluded. We also had to exclude individuals who did not have a 6-month re-evaluation and did not have the 6-month ABC completed. (Figures 1,2,3 shows the demographics of individuals included in the study)

History of Trauma exposure/experience:

Trauma, as defined in this study, is any type of negative, distressing, adverse life event that has an impact on the person's ability to cope and function. An event that is deeply disturbing and stressing. Figure 7 shows the different types of trauma that individuals with IDD as well as general population have had exposure to or experienced. Information gathered through trauma questionnaire shows that most individuals have had multiple types of trauma, complex trauma. Most significantly, 25 out of 17 experience negative life events.

Trauma related diagnosis and treatment history:

When looking the diagnosis and treatment history of the individuals enrolled in START, all 27 individuals had history of or current trauma/stress, however, only 6 individuals had a diagnosis specifically trauma related such as PTSD (Figures 4 and 5). At the 6-month re-evaluation, 10 individuals have had an actual trauma diagnosis or a working diagnosis (Figure 6).

ABC results:

Data from SIRS on the Aberrant Behavior Checklist indicated that for most individuals with IDD enrolled in START had elevated score in irritability/agitation, social withdrawal, hyperactivity/noncompliance. At time of 6-month re-evaluation, when comparing scores, data shows that most individuals' scores have decreased in those areas. Figure 8 illustrates the number of individuals' scores decreasing, increasing, or having no change at the time of re-evaluation and after implementing trauma informed care.

Conclusion:

The above findings agree with research showing that individual with IDD have had elevated trauma exposure/experience and those experiences significantly impact their overall functioning. When trauma is acknowledged and trauma informed care is implemented, the behaviors that are noticed and reported by the caregivers decrease significantly and overall functioning and well being (PERMA) of the person improves.

REFERENCES

Beasley, J. B. (2022). Clinical Team Manual. The National Center for START Services is a program of the University of New Hampshire Institute on Disability/UCED

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Galindo, N. (2020) Addressing Trauma in Individuals with IDD. https://www.relias.com/blog/the-importance-of-trauma-informed-care-for-idd-organizations