

Impact of Early Childhood Trauma, Adverse Childhood Experiences and Lifelong Trauma Effects of Behavioral Health Symptoms of Individuals with IDD and Gaps in Treatment

California START,
Alta Regional

Jana Cooper, AMFT
Noemi Beck-Wegner, Psy.D.

OVERVIEW

This study (being conducted in two parts) examines the prevalence of trauma experience/exposure and the gap in accurate diagnosis as well as trauma related treatment in individuals with Intellectual and Developmental Disabilities (IDD) receiving START services in Cal ALTA START (Sacramento County).

Although there is evidence suggesting an elevated risk of experience and/or exposure to adverse and traumatic events in people with IDD, there is still a lack of research done on the impact of trauma in people with IDD (Rittmannsberger, Kocman, Weber, & Lueger, 2019). There is also research on the assessment and treatment of traumatic stress psychopathology in Autism Spectrum Disorder (ASD) and individual with IDD showing that there is a critical need for proper treatment recommendations as well as an instrument of assessment measuring trauma reactions (Peterson et al., 2019). However, knowledge regarding identifying Post Traumatic Stress Disorder (PTSD) in the IDD population is limited (Kildahl, Helverschou, Bakken, Oddli, 2020). It is known that trauma has severe impact on the development and functioning of individuals with IDD and ASD. Multidimensional, individual assessments are necessary to recognize trauma related symptoms in individuals with IDD and ASD.

As part 1 of the study, a review of records was conducted of all the individuals enrolled in START services in Sacramento County looking at current diagnosis, history of symptoms, specifically, trauma related symptoms, and history of treatment. ABC scores in SIRS were also looked at on the prevalence of trauma related symptoms, such as irritability, agitation, hyperactivity, and noncompliance. Results of the RSQ were also looked at to identify the frequency of recent stressors that can contribute to behavioral health symptoms, specifically, trauma related symptoms. A trauma history checklist was also completed for each individual enrolled in START services to gather data on the type of trauma individuals with IDD has experienced (based on self-report, what's been identified in their records, and report from caregivers).

Figure 1



Figure 2

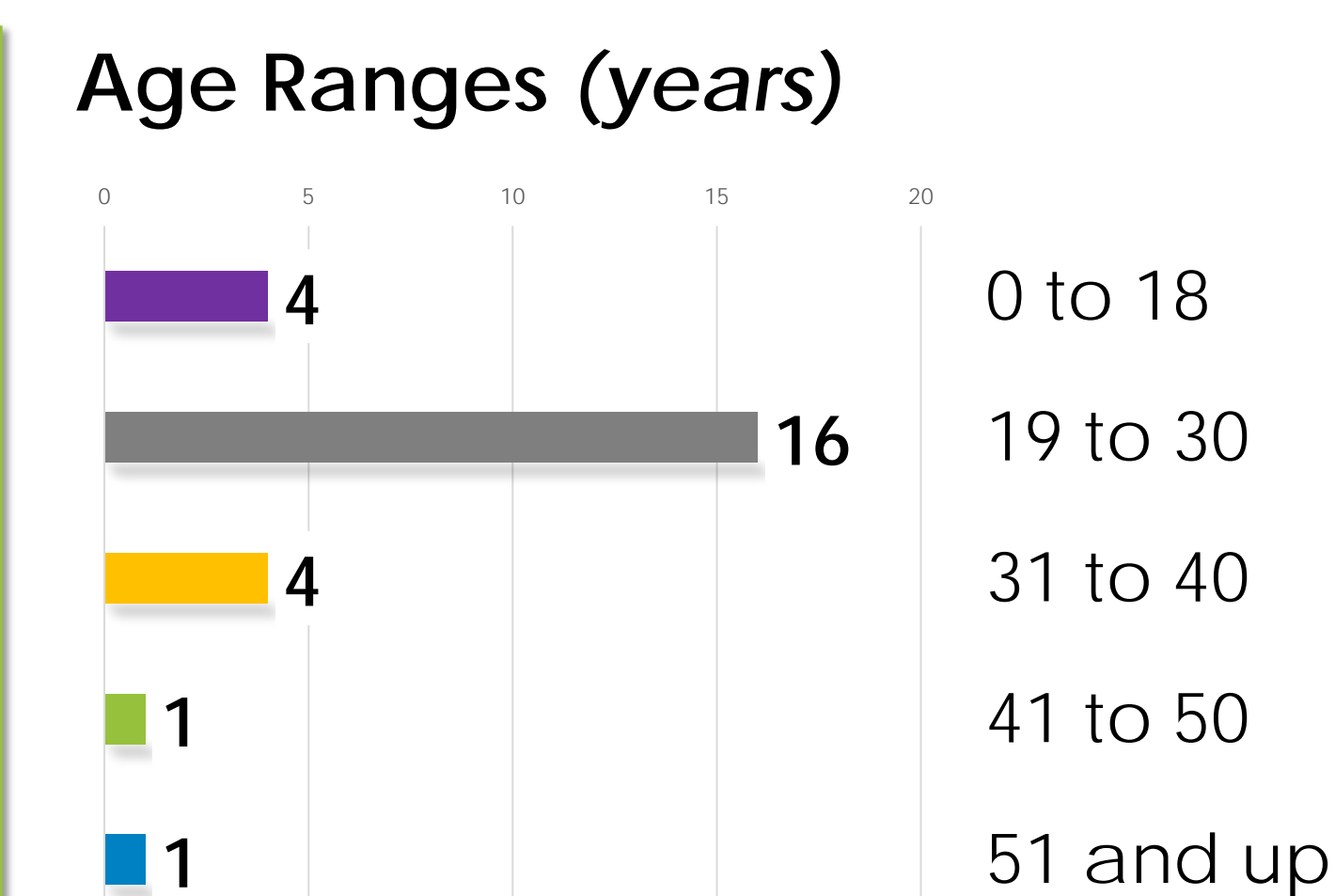


Figure 3

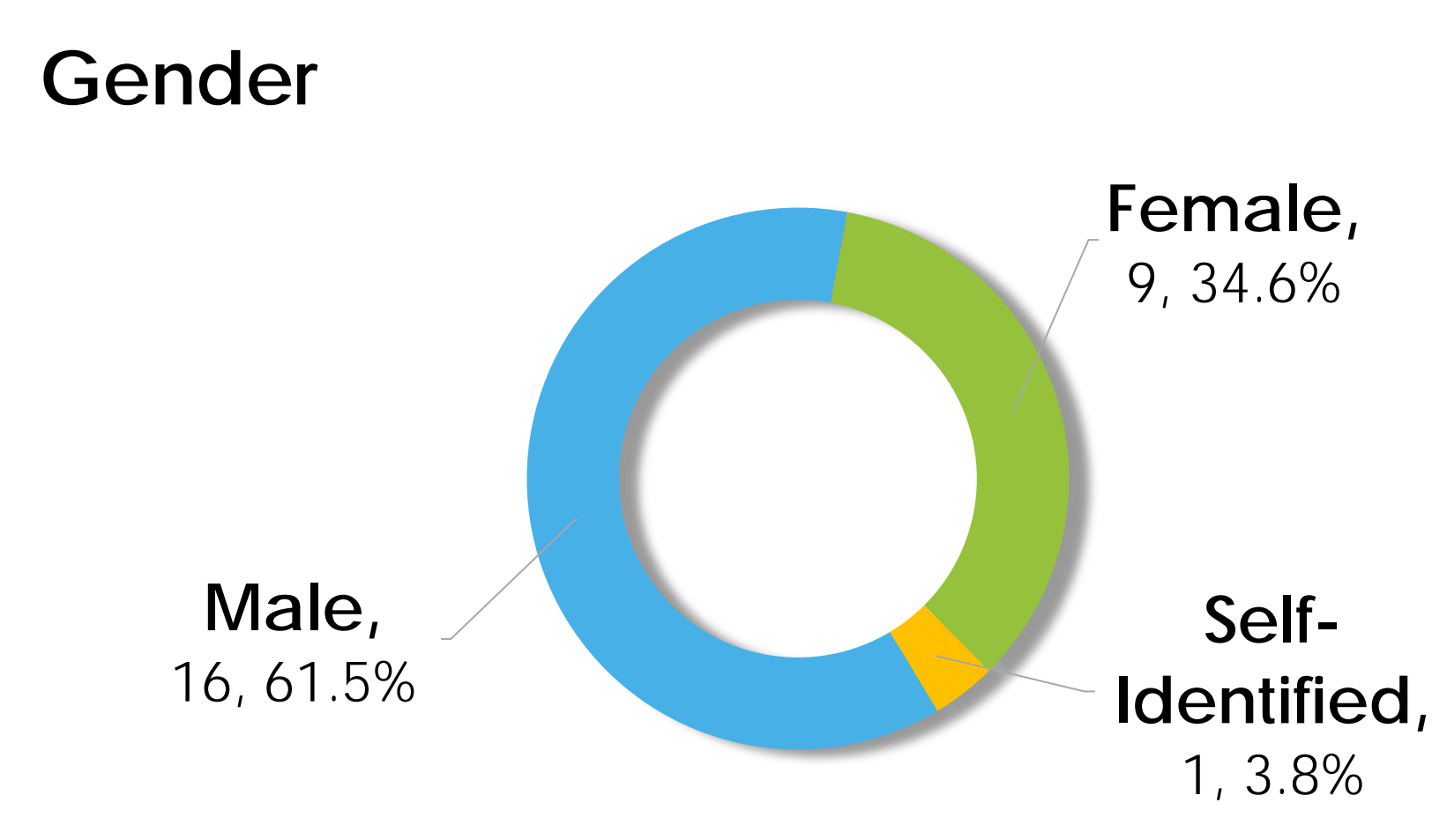


Figure 4

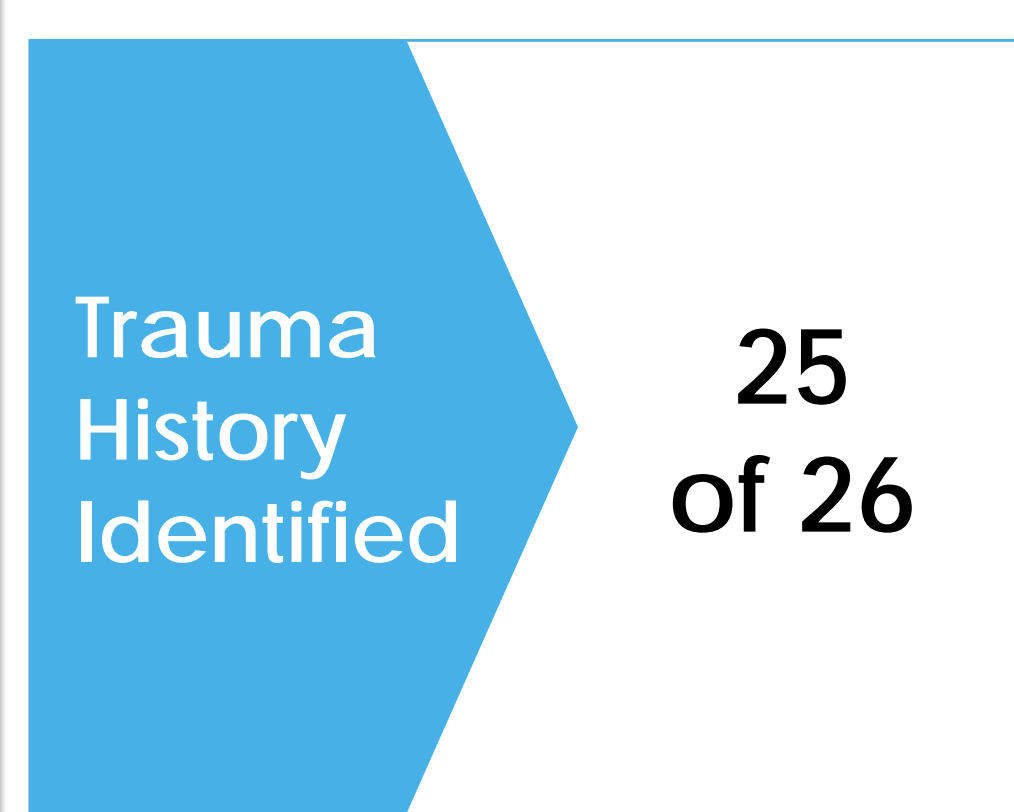


Figure 5

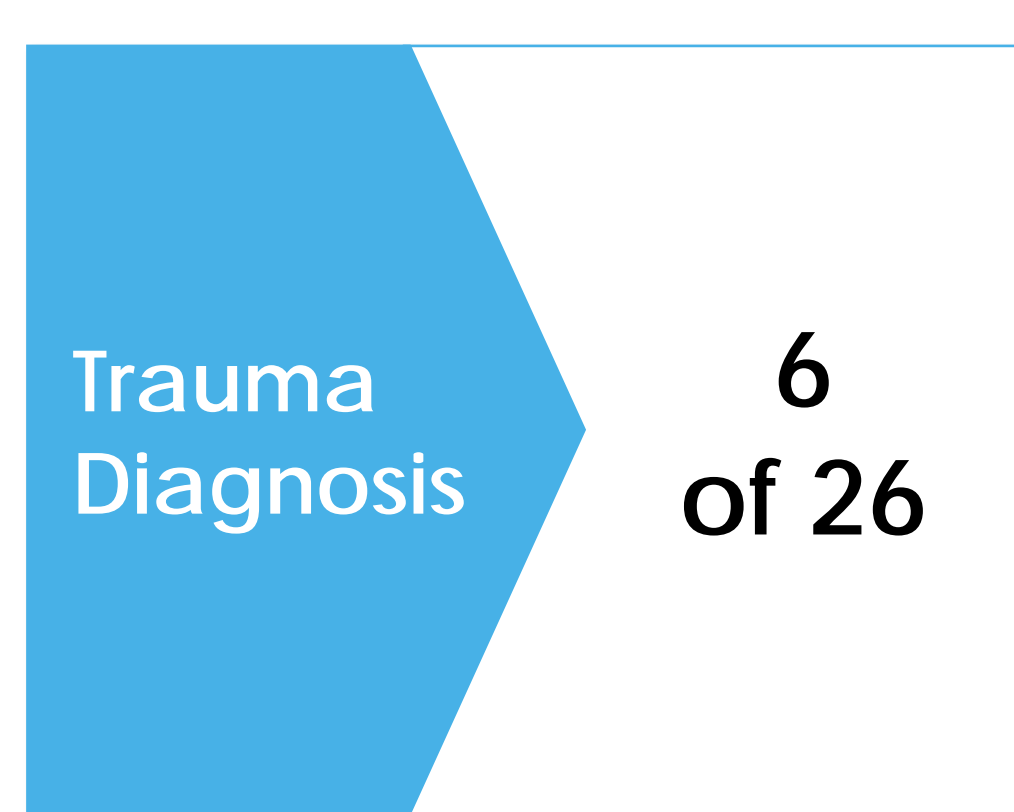


Figure 6

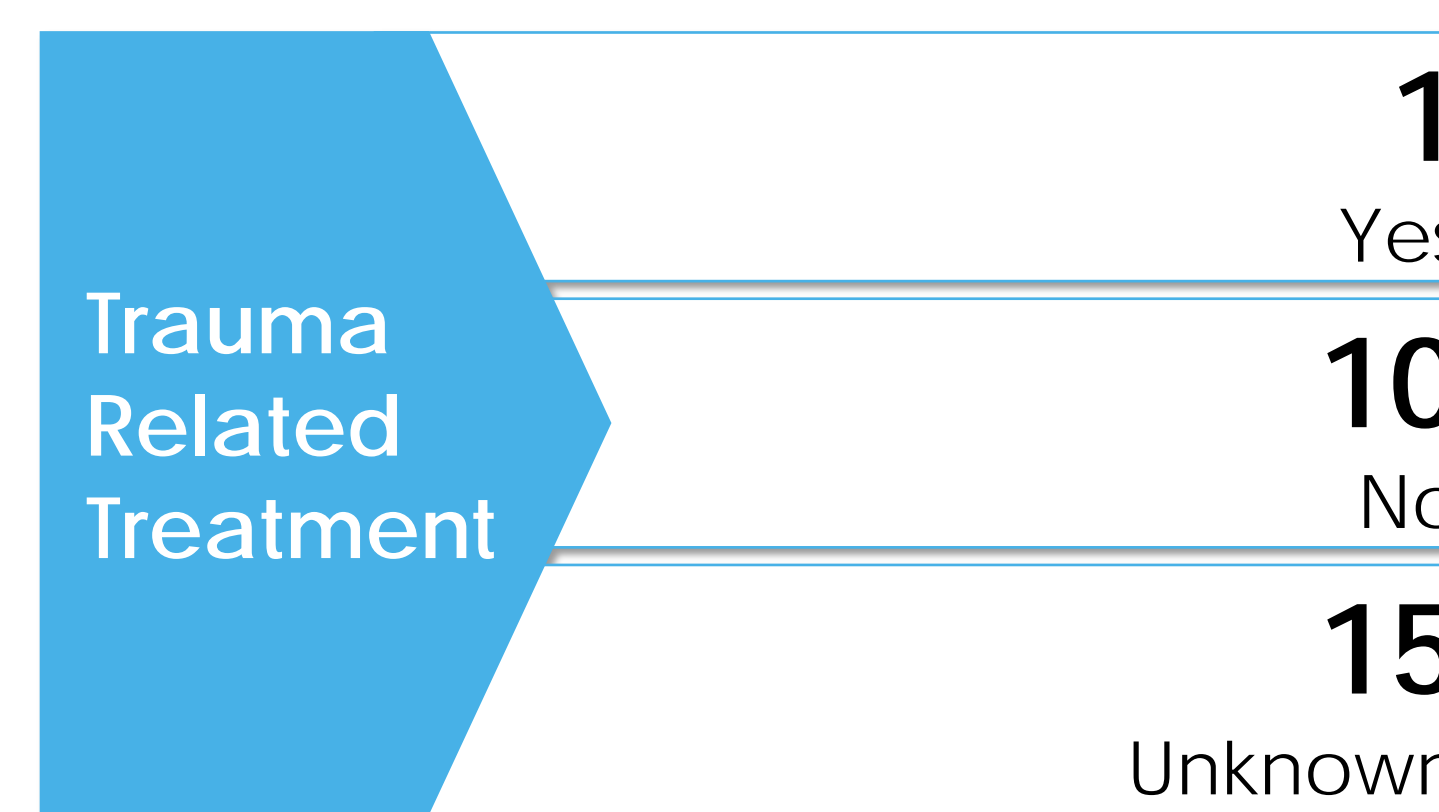
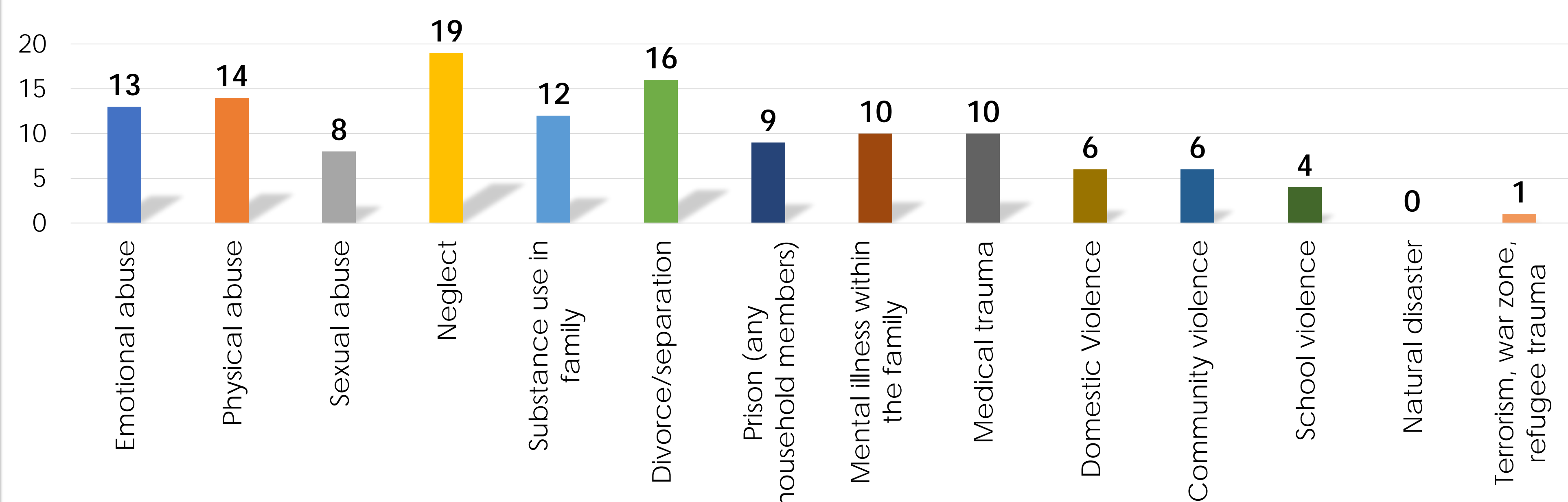


Figure 7

Total Trauma by Type



NEXT STEPS

1. Further review records of individuals receiving START services identifying psychiatric diagnosis, symptoms related to trauma, and adverse life events.
2. Complete and in-depth analysis of the ABC and RSQ to identify relationships between behavioral health symptoms and recent stressors.
3. Examine history of psychiatric hospitalization and emergency services utilization and psychiatric diagnosis, behavioral health symptoms, and trauma history
4. Develop/utilize an evidence-based tool to assess for trauma history in individuals with IDD.

RESULTS

Individuals Served:

A total of 26 individuals diagnosed with IDD were part of the record review. 34% identified as female, 61% identified as male, and 4% identified as self-described. 60% of the individuals were between the ages 19-30 (Figures 1, 2 & 3).

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. Results from the questionnaire shows that neglect, divorce/separation, physical and sexual abuse were identified as the most common types of trauma experienced in individual receiving START services. The questionnaire also showed that most individuals had complex trauma, experienced multiple types of trauma throughout their lives.

Trauma related diagnosis and treatment history:

When looking the diagnosis and treatment history of the individuals enrolled in START, 25 out of 26 had history of or current trauma/stress, however, only 6 individuals had a diagnosis specifically trauma related such as PTSD (Figures 4 and 5). However, about 30% of individuals had anxiety related diagnosis, and about 50% had mood related diagnosis (information gathered from SIRS). Anxiety disorder is one of the most common cooccurring diagnosis with PTSD. When looking at treatment history shows that only one individual had trauma informed care.

ABC and RSQ 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, lethargy/social isolation and hyperactivity/noncompliance. In addition, Recent Stress Questionnaire completed by the individuals and/or caregivers shows elevated stressors 30 days prior to admission to START.

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. Yet due to lack of proper instrument to identify trauma history and symptoms, there is a gap in diagnosis of PTSD and trauma informed care. Behavioral health symptoms are impacted by the individual's trauma history, however, when treatment and services are implemented, that history of trauma is not incorporated leading to that gap in treatment and diagnosis.

REFERENCES

- Kildahl, A. N., Helverschou, S. B., Bakken, T. L., & Oddli, H. W. (2020). "If we do not look for it, we do not see it": Clinicians' experiences and understanding of identifying post-traumatic stress disorder in adults with autism and intellectual disability. *Journal of applied research in intellectual disabilities*, 43(5), 1119-1132. <https://doi.org/10.1111/jar.12734>
- Peterson, J. L., Earl, R., Fox, E. A., Ma, R., Haidar, G., Pepper, M., Berliner, L., Wallace, A., & Bernier, R. (2019). Trauma and Autism Spectrum Disorder: Review, Proposed Treatment Adaptations and Future Directions. *Journal of child & adolescent trauma*, 12(4), 529-547. <https://doi.org/10.1007/s40653-019-00253-5>
- Rittmannsberger, D., Kocman, A., Weber, G., & Lueger, S. B. (2019). Trauma exposure and post-traumatic stress disorder in people with intellectual disabilities: A Delphi expert rating. *Journal of Applied Research in Intellectual Disabilities*, 42(3), 558-567. <https://doi.org/10.1111/jar.12549>