Mental wellness refers to a state of being in which a person is able to deal with the demands of everyday life. Mental health disorders can cause distress and can interfere with a person’s ability to cope with daily life. Both wellness and mental health disorders are experienced among people with intellectual/developmental disabilities (IDD) and among the general population.

Trauma is the emotional response to a distressing event such as an accident, an assault or a natural disaster. A number of factors influence a person’s ability to manage a traumatic experience. They also influence whether or not the person experiences longer-term problems with unpredictable emotions, flashbacks, strained relationships, and physical symptoms such as headaches or nausea.

Trauma can include events like:
- Sexual assault/physical assault
- Natural or manmade disasters
- Serious illnesses
- Loss of a loved one
- Humiliation
- Bullying
- Powerlessness
- Difficult relationships or poor attachment to others; especially if the trauma has been caused by another person or people.

The Diagnostic and Statistical Manual of Mental Disorder – Fifth Edition (DSM 5) is the guide for diagnosing mental disorders published by the American Psychiatric Association. The DSM 5 lists five types of trauma and stress related disorders. Of the five, Post-Traumatic Stress Disorder (PTSD), is more common for people who have an intellectual or developmental disability (IDD) than among the general population. Some experts believe as many as 90 percent of people with intellectual disabilities have some level of traumatic stress. It is estimated that people with disabilities are twice as likely to experience abuse.

People with IDD often have stresses and losses unique to their experiences that can lead to longer-term trauma:
- Feeling different
- Not being accepted
- Not being able to do what others do
- Moving to a new home or significant change at home
Knowing that one has a disability and is “different” than others
Not being listened to
Being misunderstood
Failing at a task
Getting confused and overwhelmed.

Causes and development

Trauma can lead to longer-term stress and mental health issues depending on:
- How long the experience lasts (duration)
- The strength of the stressor
- Time of day of the experience
- Whether it occurred with warning or no warning
- If the incident was on purpose
- Scope of the incident and the number of people effected
- The strength of the person’s support system at the time of and following the experience
- Previous experience of traumatic events
- Personal history or family history of mental health problems
- The person’s natural resilience or vulnerability
- Personal history of substance abuse.

Post-Traumatic Stress Disorder (PTSD) develops when the symptoms of the traumatic event or experience continue long after the experience or event.

Signs and symptoms

There are common responses to trauma that normally improve over time:
- Repeated images of the event
- Limited range of emotions
- Feeling numb to emotions
- Trying to control experiences that might bring back memories of the event
- Distancing oneself from thoughts or feelings about the event
- Feeling of being “on guard”
- Being startled more easily than usual
- Trouble sleeping
- Feeling unsafe
- Questioning own identity.

If the above symptoms continue long after the trauma occurred, even longer-term symptoms develop:
- Flashbacks — reliving the trauma over and over, including having physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts
- Staying away from places, events or objects that are reminders of the experience
• Avoiding thoughts or feelings related to the experience
• Being easily startled
• Feeling tense or “on edge”
• Having difficulty sleeping
• Having angry outbursts
• Trouble remembering key things about the experience
• Negative thoughts
• Distorted feelings like guilt or blame
• Losing interest in enjoyable activities.

Trauma responses are significantly different from the person’s usual responses. They involve changes in level of activity, actions, moods, thoughts and behavior.

The Diagnostic Manual – Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID 2) suggests how symptoms may be expressed by people who have intellectual disabilities. The DM-ID 2 recommends that reports from care providers are included in the process of diagnosis to make sure the IDD and its impact on life experiences is considered.

Symptoms may vary significantly among people who have IDD depending on their developmental level. People who have mild to moderate IDD are more likely to have symptoms similar to those of people without IDD. Symptoms of PTSD for people who have severe to profound IDD are more likely to been seen as changes in behavior. If the following are not typical behaviors for the person, they may be considered symptoms of PTSD:

• Incontinence
• Selective mutism
• Acting out the event (can be mistaken for hallucinations)
• Being unusually attached to or reliant on a care provider.

**Diagnosis**

Symptoms of PTSD typically develop within three months of the traumatic experience; although they may develop years after the experience. For a diagnosis of PTSD, a person must be experiencing the specific symptoms of the disorder (diagnostic criteria). For PTSD, the symptoms must last for more than a month. They must also significantly interfere with a person’s ability to maintain relationships and function as they did before to the experience.

Most people with IDD and PTSD never receive a formal diagnosis. As a result, they rarely receive treatment. One study of people who have IDD and PTSD found that only 39 percent of victims received treatment from a therapist.

Diagnosis of PTSD can be difficult when a person has an IDD. Reports from care providers can make diagnosis much less complex. For example, behavior that can be seen as noncompliance may be observed by care providers as avoidance. This is an important point for people who have difficulty saying they want to avoid activities, places or people who remind them of the traumatic experience.
Family practice doctors and other properly credentialed mental health professionals, which in Minnesota include:

- Clinical nurse specialist (CNS)
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Mental health rehabilitative professional
- Psychiatric nurse practitioner (NP)
- Psychiatry or an osteopathic physician
- Tribal certified professionals

are the only professionals who can complete a formal assessment and diagnosis for mental health conditions.

**Supports and strategies**

Cognitive Behavior Therapy (CBT) can be effective in helping people function. It works through helping people identify the beliefs, feelings, and behaviors associated with the traumatic event and the symptoms of PTSD. In CBT, overall functioning is improved by helping people develop skills. It teaches people to be aware of their thought patterns. There is a great deal of research on the benefit of CBT with people who have an IDD. viii

Dialectical Behavior Therapy (DBT) deals with challenges people have with regulating emotions, tolerating distress and with their relationships. It works through a combination of:

- Individual psychotherapy
- Skills training groups
- Supervision/case consultation groups
- Positive environment and support strategies
- Wellness-based approaches.

DBT has been adapted for use with people who have IDD by Charlton and colleagues.ix Similarly, Morasky (2007) has provided a description how to adapt interventions for people with IDD. x

The Skills System is adapted from DBT and is another treatment for that focuses on developing four skills:

- Mindfulness
- Emotional regulation
- Distress tolerance
- Effective relationships.

The Skills System can be taught without the whole DBT program.xi
Care providers supporting people with IDD who have experienced trauma can expect to provide additional support:

- With transitions and the ability to shift from one thing to another
- With problem solving and the ability to organize a clear plan
- Being a calming presence for the person
- Providing an empathic approach
- Understanding how trauma has affected the person’s thoughts and behavior
- Providing structured support.

**Including trauma and PTSD in a functional behavior assessment and in positive behavior supports**

Positive Behavior Support (PBS) involves changing situations and events that people with problem behaviors experience. The goal is to reduce the behaviors’ occurrence. It supports people to increase social, personal and professional quality in their lives.\textsuperscript{xii} Research-based strategies and tools are used to increase the quality of life.

The goal of a Functional Behavior Assessment (FBA) is to determine what function the behavior serves. When completing an FBA, consideration must be given to PTSD and its impact on the person’s behavior. Trauma and stress-related disorders could be considered as “setting events,” which increase the likelihood of a behavior. Setting events can directly impact the function of a behavior. Post-Traumatic Stress Disorder should be included in a hypothesis statement if the PTSD helps explain why the behavior occurs.

A person who has experienced trauma might use avoidance- or escape-motivated behavior. The behavior might make no sense to other people. However, because the person is trying to escape from a trigger or reminder of trauma or abuse, escaping makes sense to the person. Trauma survivors often have behavior patterns that seem unusual to others. However, the patterns are related to the trauma they have experienced. An understanding of the trauma can help when developing appropriate positive supports.

**For more information about trauma and PTSD**

American Psychological Association - Trauma

Texas Department of Aging and Disability Services Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities (MHW-IDD) - link to free, online trauma-informed trauma informed care training (supported by NADD)

Trauma-informed Behavioral Interventions, Karen Harvey (PDF)

Assessing Trauma in Individuals with ID, Brian D. Tallant, LPC (PDF)
NADD Bulletin Volume IX Number 1 Article 3 - PTSD and related stress disorders in persons with developmental disabilities, Lucille Esralew, Ph.D.


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