Julius-Maximilians-
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Lehrstuhl für Sonderpädagogik IV -
Pädagogik bei geistiger Behinderung

Psychotrauma and Intellectual Disabilities

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Part 1

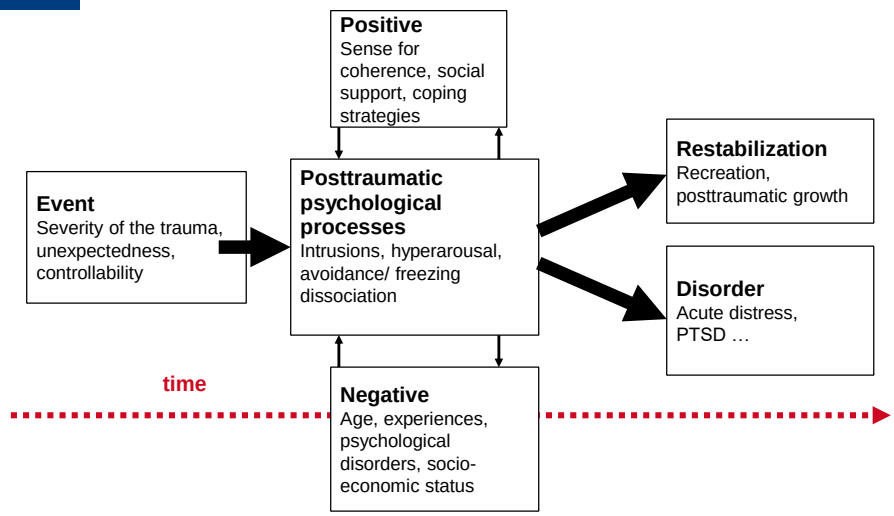
Intellectual Disabilities and (traumatic) stress

Psychological Trauma

A vital experience of discrepancy between threatening situational factors and individual coping strategies, which is related to feelings like helplessness and unprotected abandonment and therefore causes a permanent destabilization of the way somebody sees himself and the world.

(Fischer & Riedesser 2009)

Multifactorial model



Traumatic situations

People with ID have a very high risk of experiencing traumatic situations because of

- (emotional) neglect
- Abuse and experience of violence
- Sexual abuse (especially in institutional care)
- social exclusion, isolation and stigmatization
- In connection with medical treatments (psychological and sensory factors)
- Experience of ID as trauma

People with ID are more sensitive to stress in daily life and changes. They experience multiple traumata far more often.

Personal Risk factors

People with ID have a more limited spectrum of coping strategies

- Limited linguistic skills (e.g. describing symptoms, pushing through wishes)
- Limited abstraction capability (e.g. in or to new situations)
- Problems ad distress in situations, which seems little complex for people without ID
- People with ID have difficulties to express – especially strong - emotions
- Introspection is often connected to negative emotions
- Often additional physical, psychiatric or sensory disabilities

Environmental risk factors

Often there is a „being hindered“ next to „being disabled“ because of e.g.

- Unfavorable social environment (e.g. few close friendships, often changing caregivers)
- Unfavorable living environment (e.g. living in an institution, overprotection); supports passivity and dependence
- Few material resources (e.g. limited/no income, difficult availability of existing resources)
- Failure of professional supporting systems (e.g. wrong interpretation of traumatic symptoms, bad medical care)

Posttraumatic changes

1. constriction: avoidance/ freezing
2. Intrusion: remembering
3. Hyperarousal
4. Others like
   - Dissociation
   - Disorder of regulating affects

Traumatic stress disorder and ID

- Similar symptoms, but often subsyndromal
- Seldom conscious remembering of the traumatic situation
- Traumatic situations are seldom reported to others
- Mostly there can be observed changes in the behavior (e.g. sleeping or leisure behavior, Recognition of triggering situation)
- Often no connection between a traumatic situation and the psychological consequences recognizable

Often the structure of personal and objective conditions is too complex to be perceived consistently

Challenging behavior

- Aggressions
- Auto aggressions
- Depressive behavior
- Autistic behavior
- Disturbed attachment behavior
- …

Many behavioral problems must not be seen just as specific for the disability. Often they may be or are the consequence of an earlier traumatization.

Part 2

Intervention

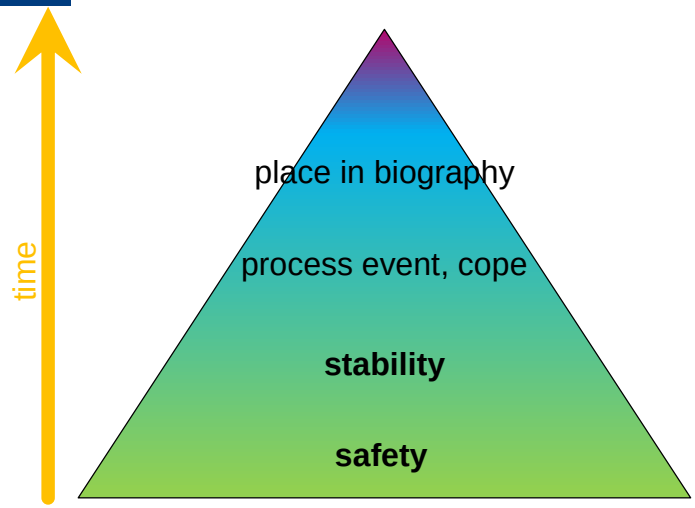
General

- Generally there are no other rules for intervention on people with ID
- More individualized course of action is needed
- Stronger cooperation and inclusion of attachment persons is necessary, e.g. through:
  - Consultation
  - Psychoeducation
  - Clarification of the living environment
- Attachment persons are part of the social net, but as well part of the (burdened) system with own perception and interests

Acute intervention

- Have an eye on the different rules of communication with people with ID, take complete situation into consideration
- Avoid paternalism (more giving impulses to think about or do something)
- Observe problematic behavior, arrange therapeutical intervention in a hospital in case of danger or severe hyperarousal
- Inform important persons and come to agreements concerning collaboration, consider external support
- Plan help on a long-term perspective
- Maybe acting vicarious

Excursus: Pyramid of safety



Long-term intervention (1)

- Stabilization (fundamental)
  - Creation of the relationship
  - Lead to comfortable, positive, relief environmental conditions
  - Physical stabilization
- Special trauma therapy
  - Psychotherapeutic processes
  - Close collaboration between therapist and attachment persons necessary
- Rehabilitation and reintegration

Long-term Intervention (2)

- Protection from and avoidance of trigger situations; prevention of retraumatization
- Reduce of stress in case of poor or missing individual coping and regulation strategies
- Reframing: „reinterpreting“ of situations
- Biography work

Sources (selection)

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