The relationship between trauma and challenging behaviour for people with a learning disability

Dr Paddy McNally, Consultant Clinical Psychologist

Trauma and people with a learning disability

- My background
- Trauma and people with a learning disability – prevalence
- Trauma and people with a learning disability – vulnerability
- Trauma and people with a learning disability – single event vs complex/ enduring

Trauma and people with a learning disability - presentation

- Challenging behaviours or distress behaviours – underlying distress or anxiety?
- Aggression
- Self injury
- Destructiveness
- Other behaviours: Running off, smearing, removing clothes
- Controlling behaviours
- Withdrawal

Challenging behaviour or distress behaviour?

- Challenging behaviour:
  - Problem located within the person
  - Management tends to be more behavioural focused
  - Assessment can be reductionist – asks 'what happens?'
  - Common language/ clearly defined intervention
  - Can influence changes in behaviour
  - Alternative causes overlooked
  - Interventions can be re-traumatising

Challenging behaviour or distress behaviour?

- Distress behaviour as a result of trauma:
  - Relational understanding of the behaviour
  - Intervention therapeutic focus – distress reduction
  - Assessment more formulation based – asks 'why it happens?'
  - Relational interventions can be more difficult to define
  - Can take a long time and resource investment to see reduction in distress

Challenging behaviour or distress behaviour?

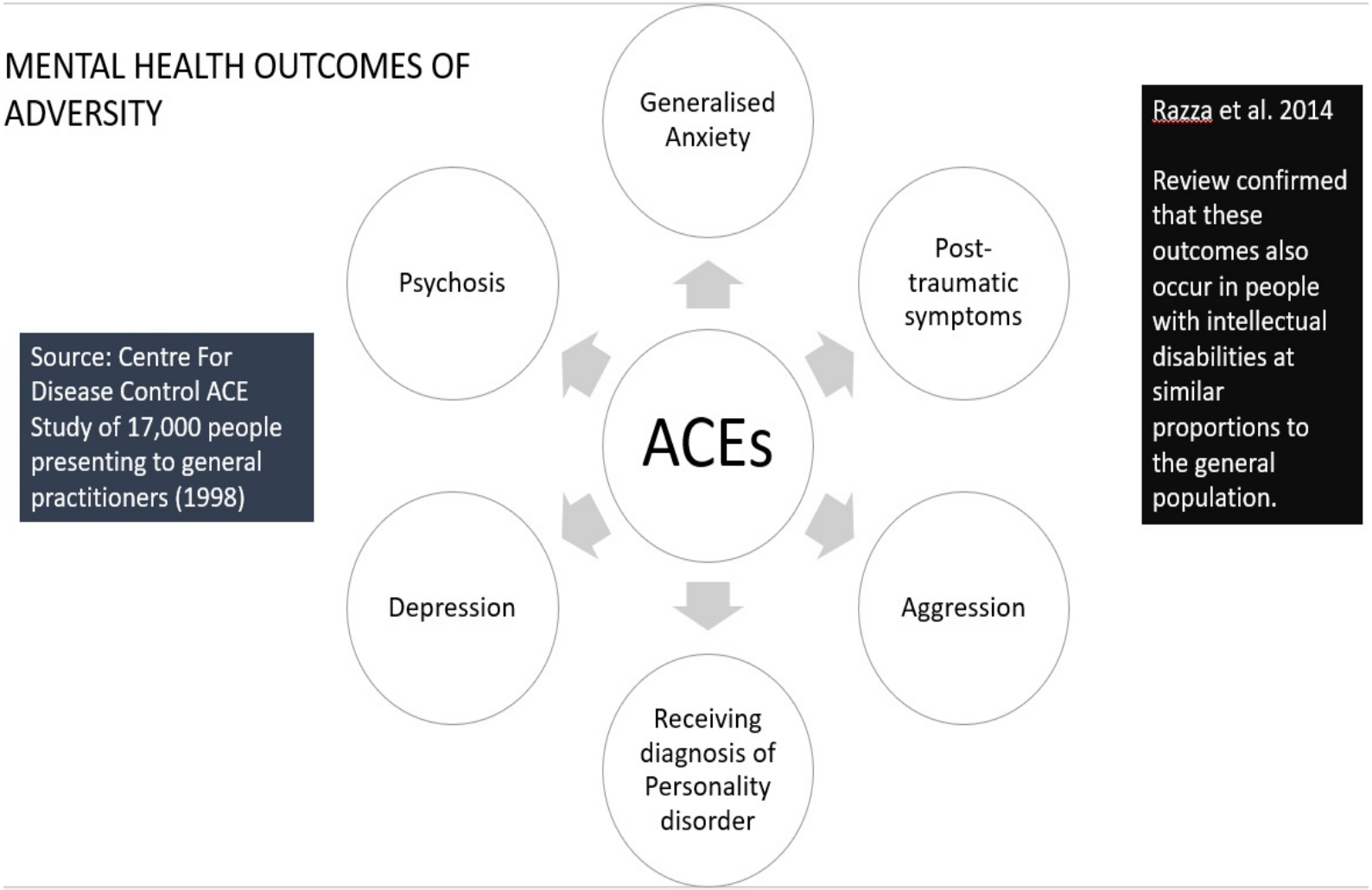
Person-centred care

- Safety
- Trustworthiness
- Choice and voice
- Collaboration
- Empowerment

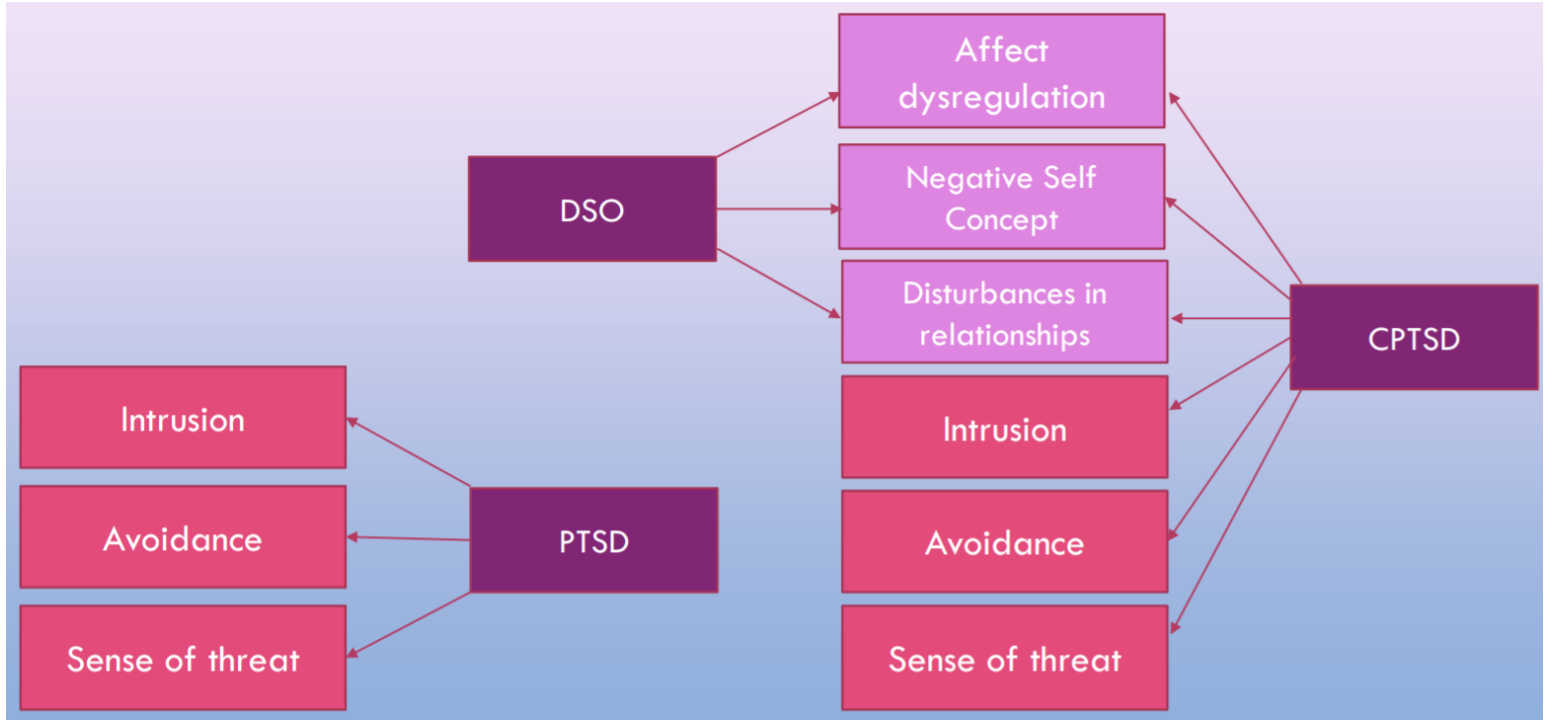
Person-centred care, through a trauma lens

- Safety – consideration of threats/ perceived threats
- Trustworthiness – trust has been broken
- Choice and voice – experience of powerlessness
- Collaboration – experience of coercive control
- Empowerment – Experience of feeling disempowered.

Trauma and people with a learning disability - presentation



Trauma and people with a learning disability - presentation ICD -11 definition of Complex PTSD



Trauma and people with a learning disability - presentation

- Similar impact on Physical and Mental health to the rest of the general population.
- Expressed behaviourally and emotionally rather than cognitively – Rittmannsberger et al. (2019)
- Outwardly directed aggression – (altered arousal – mediated by mental health) – Clarke et al. (2016); Rittmannsberger (2020)
- Symptoms such as flash backs/ re-experiencing can be more difficult to observe and require knowledge of the individual – Lemmon & Mizes (2002)
- Deterioration of adaptive skills (more severe/ profound disability) – Kildahl (2020); Roswell et al. (2013); Murphy (2003)
- Impact of trauma can be expressed without reaching diagnostic levels for PTSD or C-PTSD

Trauma and people with a learning disability - presentation

- People with a learning disability generally have the some of the same types of symptoms following trauma that anyone else would e.g. sleep disturbance, startle response, numbing, emotional constriction, disrupted sense of safety, shattered self-identity etc
- Trauma responses generally represent a change from the person's typical ways of functioning: cognitive; emotional; adaptive functioning
- It is important that normal trauma responses not be attributed to the person's learning disability, or any other co-existing diagnosis
- Behaviours need to be understood beyond function at that moment in time
- Routine enquiry of adverse life experiences

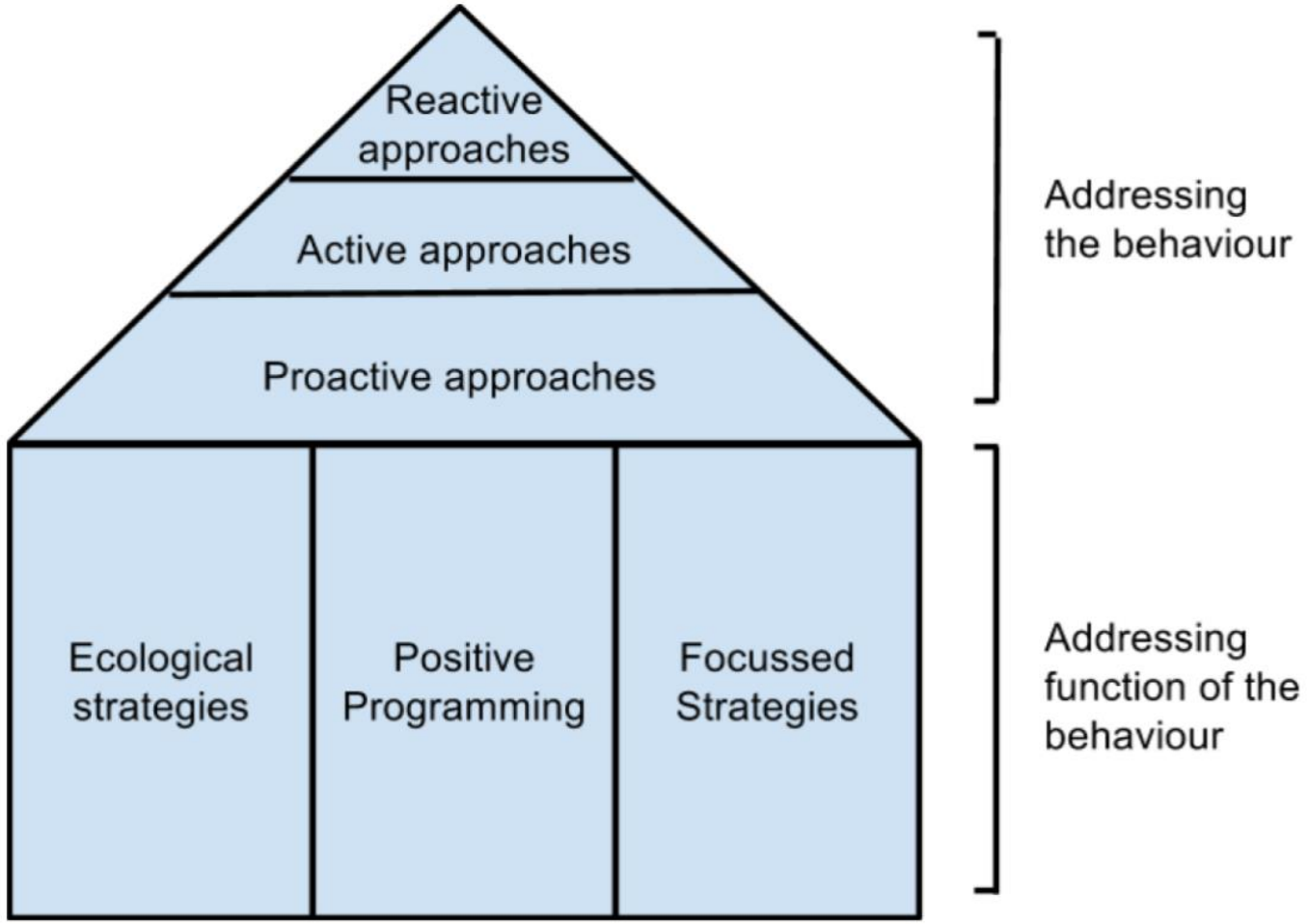
Trauma and people with a learning disability – protective factors

Protective factors that can mitigate against the impact of trauma:

- Good social support systems – social networks & communities
- Good problem solving skills
- Good emotional coping
- Positive experiences of care-giving relationships
- Education

Note: The impact of trauma is a subjective experience and not all adverse events result in trauma.

Trauma informed care approach within a PBS framework



Trauma informed care approach within a PBS framework

Functional assessments – reductionist:

- attention
- demand avoidance
- tangible gains
- escape
- sensory stimulation

Behavioural interventions can replicate earlier relational traumatic experiences

Consider functions through a trauma, attachment and relational lens

Multi-modal assessment facilitates appropriate interventions

Trauma informed care approach within a PBS framework

Taylor 2021 – Outcomes of reviews of behavioural interventions within a PBS framework:

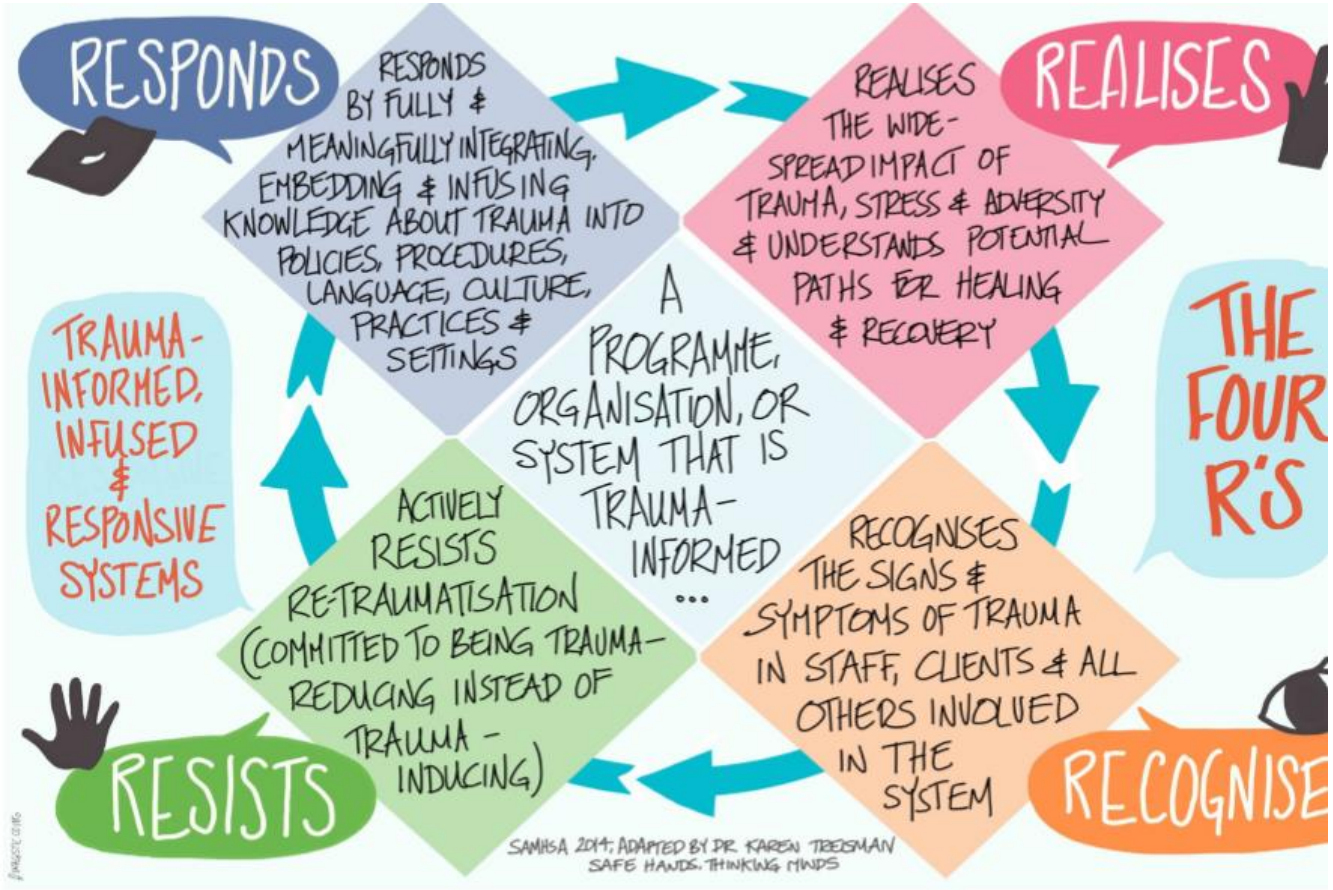
- Carr et al. (2000) Aggression and externally directed behaviour problems demonstrated lower treatment effects.
- Didden et al. (2006) Aggression and destructive behaviour demonstrated lowest effect size.
- Heyvaert et al (2012) Outwardly directed behaviour demonstrated least effect size.

Consideration of a trauma informed care approach - overlap with Person-centred values of PBS with a trauma lens

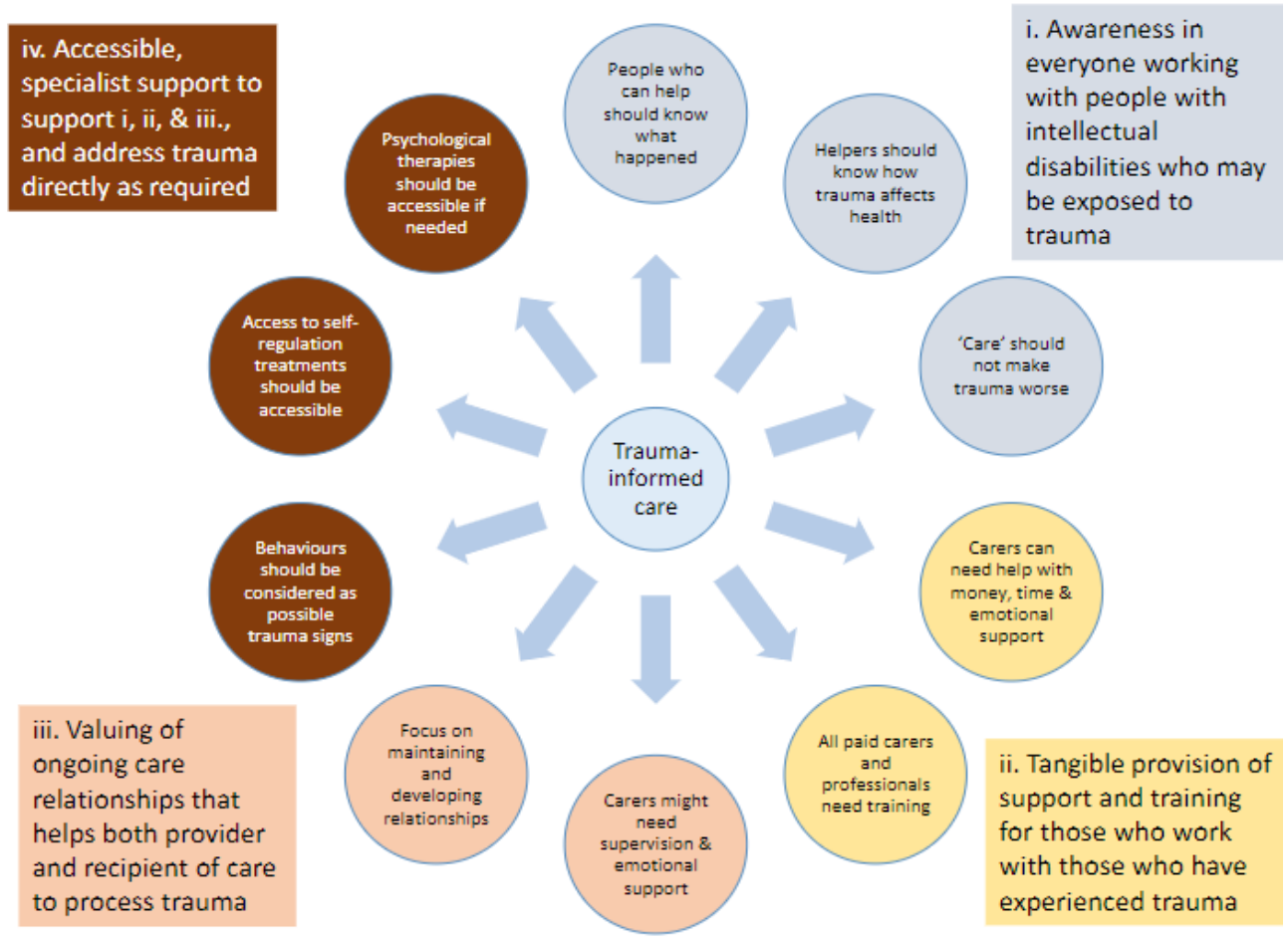
Trauma informed care approach within a PBS framework

- PBS framework allows for integration of modes of working other than behavioural
- Creating high quality care and safe/ supportive relational environments
- Teaching coping skills, assertiveness skills, educating on trauma and abuse
- Offering appropriate therapeutic interventions
- Adding the trauma lens to why choice/ collaboartion/ trust/ empowerment and safety can be important.
- Attachment - increased understanding of predictability of care giver and predictability in the environment
- Assessment beyond functional analysis – multimodal assessment
- Systemic intervention – use of formulation
- Understanding of relational dynamics and experience of trauma triggers
- Need for support plans to focus on behaviours of distress rather than challenging behaviours – relational intervention and emotional skills building.

Trauma informed care approach within a PBS framework



Learning Disability Senate – Top 10 tips for trauma informed care



Trauma informed care approach within a PBS framework– institutional protective factors

People with a learning disability are less likely to experience trauma in institutions where these conditions apply (Collins & Murphy, 2021):

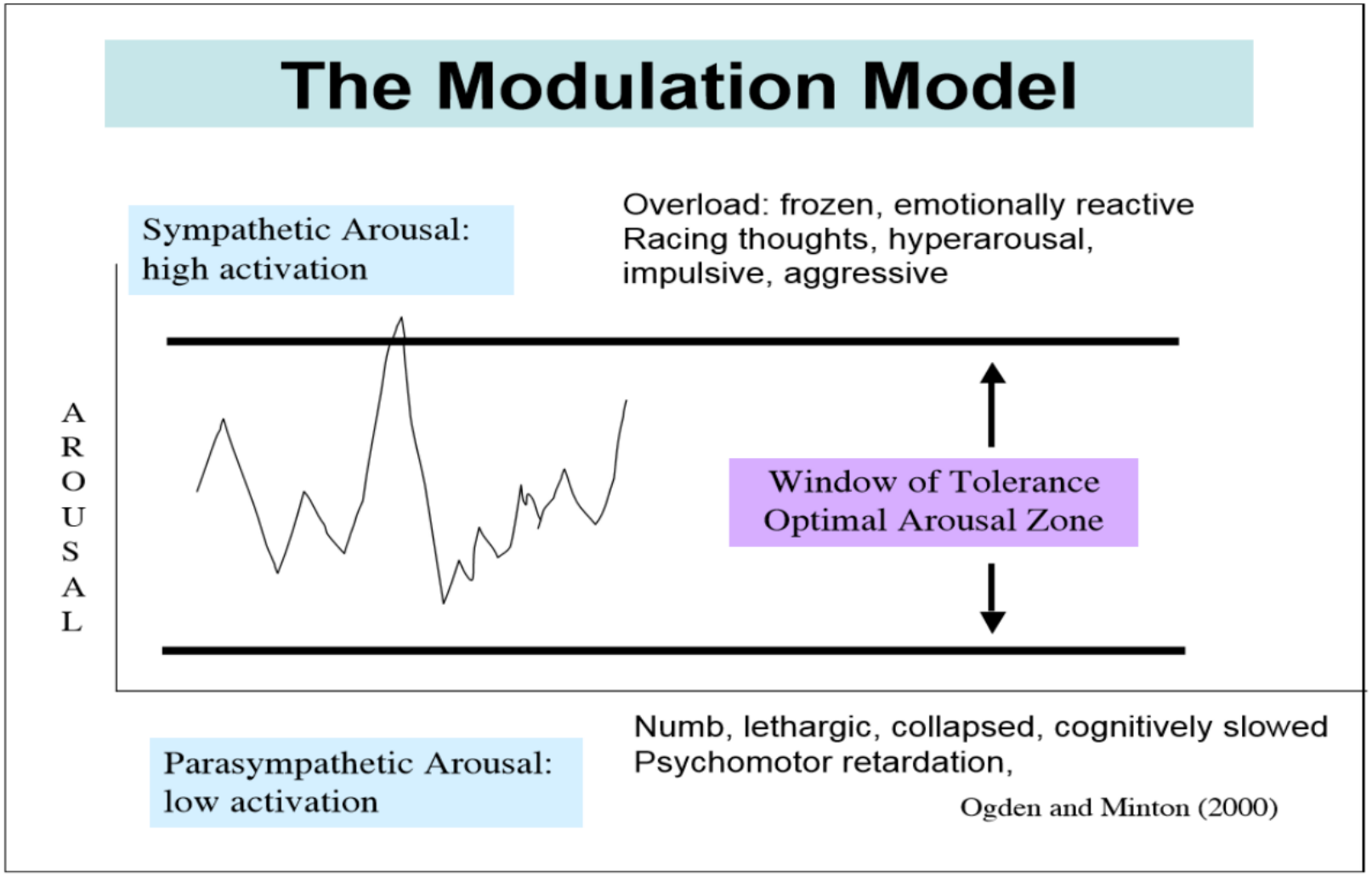
- *Person with a learning disability:* more control given to residents and training in what constitutes abuse
- *Staff:* good training and staff support; regular clinical supervision and reflective space
- *Organisation:* good staff support and working conditions; good organisational culture; good collaboration across the service

Trauma informed care approach within a PBS framework - institutional risk factors

People with a learning disability are more likely to experience trauma in institutions where these conditions apply (Collins & Murphy, 2021):

- *Individual with a learning disability:* severity of learning disability and ability to communicate what had happened to them
- *Staff:* low motivation to work in care; limited capacity to manage their own distress; viewing residents as different to them
- *Organisation:* poor leadership; high turnover of staff; staff shortages; lack of reflective space

Trauma informed care approach within a PBS framework – capacity to manage distress



Trauma informed care approach within a PBS framework – Managing distress

Arousal management starts with self-awareness. Without self-awareness you cannot even begin to take control of your arousal. Self-awareness means: knowing and observing the signals that tell you about your arousal state. Like the warning lamps on the dashboard of your car. Everyone has his/her own signals, no two people react exactly the same.

- There are three types of signals to look for:
- Body signals – increased heartrate, changes in breathing, increased movement
- Behaviour signals – agitated, lack of self care, lack of activity
- Interaction signals - push people away, conflict or avoidance
- When you have regulated your arousal system, you are now in a position to help co-regulate (containment/ reciprocity)

Challenges

- Functional assessments and behaviour support plans
- Supporting a relational context
- Interpersonal/ system dynamics
- Mental health training
- Trauma champions and development of skills beyond behavioural interventions
- Space to reflect on relationships

Appendices – Relational considerations in PBS framework

Trauma informed care approach within a PBS framework - traffic light system

Green Phase:

- Feeling safe and secure in physical and relational environment
- Having consistent attachment figures, who are attuned to my needs
- Have consistent and predictable routines
- Feeling in control – involved in mutual decision making
- Able to understand my own emotional reactions

Trauma informed care approach within a PBS framework - traffic light system

Amber Phase:

- People around me are attuned to triggers for me
- People around me are regulated themselves
- As my window of tolerance decreases, adjustments are made to help me stay regulated.
- As I move into hyperarousal you will see changes in my behaviour. The behaviours you see are often ones that I needed in order to survive in earlier relationships/ environments

Trauma informed care approach within a PBS framework - traffic light system

Red Phase:

- At this point I am no longer in control of my reactions and my 'thinking' brain is not as engaged
- I need the people around me to be aware of their own responses to my distress
- I need the people around me to be emotionally regulated to help me regulate my emotions
- People around me should be aware that some of their natural responses can be re-traumatising for me

Trauma informed care approach within a PBS framework - traffic light system

Blue Phase:

- I may feel shame and guilt for my actions
- I may seek reassurance from familiar staff/ attachment figures that our relationships is ok.
- I will need our relationship to be repaired
- Nurture statements are important to me