

# Assessment of Trauma in Adults with Learning Disabilities

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# Session Summary

During the session we will consider some of the ways in which trauma-related mental health conditions may present in people with learning disabilities

Information on a trauma screening tool which can be used to facilitate case recognition of trauma in people with learning disabilities will be presented

Finally, the presentation will end with a consideration of future developments and research going forward

# Trauma Screening

Experiencing adverse life events e.g. violence or abuse may have an impact on psychological well-being

In some people the experiences may have a clinically significant impact on mental health and may cause trauma-related mental health conditions

*Trauma* can be defined as:

- the adverse life events experienced
- and/or the impact of adverse life experiences

This session focusses on the impact of adverse life experiences and how to recognise, identify and measure the effects using a screening measure

# Trauma and Life Events in Adults with Intellectual Disability

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**Abstract** Exposure to adverse life events and environmental stressors (e.g. violence, poverty, sexual abuse) has been found to be high in intellectual disability populations. Notwithstanding resilience, for some people with intellectual disability, adverse life events and environmental stressors may lead to PTSD and may affect well-being in more diffuse but potentially still clinically impactful ways (e.g. challenging behaviour, obesity, substance misuse). Advances have occurred in the field of trauma in intellectual disability. More specifically,

## Introduction

Exposure to environmental stressors such as poverty is higher among people with intellectual disabilities when compared to their non-disabled peers [1]. For example, narrative interviews with women with intellectual disabilities revealed experiences of domestic violence from childhood and continuing on into intimate relationships in adulthood [2•]; students with intellectual disabilities were exposed to more interpersonal abuse than

# Context

Trauma could be the results of a single adverse life event and/or multiple adverse life events

Events precipitating trauma (or stressors) could be psychological experiences (e.g. bullying) or physical events (e.g. assault) or some events may be both psychological and physical in nature (e.g. domestic violence)

Stressors vary in terms of how traumatising a single exposure is, the pattern of exposure (e.g. duration and repetition of a stressor) and the source of exposure (e.g. whether from a stranger v someone known to the person)

Exposure to multiple traumas can have a cumulative effect

Some factors may increase exposure to adverse life events e.g. poverty, lack of independence, lack of autonomy

People with learning disabilities may be particularly susceptible to these risk factors

- Domestic violence
- Adverse childhood experiences
- Inter-personal abuses
- Violence and aggression
- Children taken into care
- People with learning disabilities who are asylum seekers or refugees may experience poverty, poor living conditions and face hostility and violence

# Adverse Life events: People with Learning Disabilities

Research suggests people with learning disabilities are more likely to experience adversities and negative life events across their life course than the general population

(Hassiotis et al, 2019; Santoro et al, 2018; Vervoort-Schel et al, 2018)

In people with learning disabilities research suggests exposure to adverse life events is associated with reduced physical and mental health and further difficulties and adversities (Hassiotis et al, 2019; Santoro et al, 2018; Vervoort-Schel et al, 2018)

- Although reactions to life events may have a short-term adverse impact on an individual's life, distress is not synonymous with a psychiatric diagnosis (Bonanno, 2004)
- Whether a life event is traumatic depends on the interaction between an individual and a number of factors internal and external to them (Williams & Joseph, 1999)



# Post-traumatic stress disorder (PTSD)

One possible clinical reaction to adverse life events is post-traumatic stress disorder (PTSD). PTSD comprises the following symptom groups:

- intrusion or re-experiencing
- avoidance
- negative cognitions and mood
- hyperarousal e.g. anger, irritability

(DSM-5, 2013)

# Post-traumatic stress disorder (PTSD) in people with learning disabilities

Research suggests that the prevalence of post-traumatic stress disorder (PTSD) in people with learning disabilities may be in the upper range of that seen in the general population (Daveney et al, 2019)

- The prevalence of PTSD was found to be 10% in people with learning disabilities – compared with prevalence estimates in the general population (5–10%)

PTSD in people with learning disabilities may go unrecognized by health-care professionals (Daveney, Hassiotis, Katona, Matcham & Sen, 2019)

Identification of trauma-related mental health conditions is important in order to facilitate access to appropriate support and adjustments; clinical support services are often diagnosis-led

Support services are often diagnosis led  
(Fletcher, Barnhill & Cooper, 2017)

An example of a self-report trauma questionnaires available for the general population is the:

Post Traumatic Stress Disorder Checklist (Blevins et al, 2015)

# Trauma questionnaires

They can be used -

- During assessment & information gathering, for case recognition
- To recognise symptoms of trauma and help clinicians identify people who may have trauma-related mental health conditions
- To evaluate effectiveness of clinical and research interventions
- To measure changes occurring as a result of treatment
- During formulation

# Suitability of trauma questionnaires for people with learning disabilities

Trauma questionnaires for the general population may not be suitable for people with learning disabilities:

They may be inaccessible for people with learning disabilities

Symptoms of trauma in people with learning disabilities may look different compared to how symptoms appear in the general population

People with a learning disability may experience different types of trauma compared to the general population and they may have different life experiences

So general population trauma questionnaires may not capture everything that is relevant and important to people with learning disabilities

- May not be that DSM criteria for trauma need to be changed rather more that different methods of gathering the information are utilised (Fletcher, Barnhill & Cooper, 2017)



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## Research in Developmental Disabilities



# The Lancaster and Northgate Trauma Scales (LANTS): The development and psychometric properties of a measure of trauma for people with mild to moderate intellectual disabilities

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### ABSTRACT

People with intellectual disabilities are exposed to a high number of adverse life events, and evidence supports a link between the experience of adverse life events and trauma. Interventions for trauma have been found to be efficacious if case recognition can be

# The Lancaster and Northgate Trauma Scales

The Lancaster and Northgate Trauma Scales were developed to measure trauma symptoms in people with a learning disability (adults)

There are 2 versions each with a different perspective

There is a self-report version (with 29 questions): this asks how a person feels

There is also a clinician or practitioner version (with 43 questions): this asks how the person is doing (for example at work and how they are getting on with other people)



# Strengths of the LANTS

- Informant version – can be completed for those people with limited receptive or expressive communication skills
- Short
- Accessible format
- Comprehension check at the start
- Do not require naming index event
- PTSD and complex trauma

# Self report LANTS

## Comprehension

### Instructions.

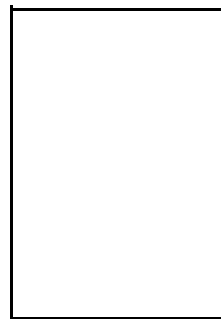
This measure is designed as a semi structured interview to be completed by a qualified member of staff.

The measure begins with 3 screening questions designed to assess whether the respondent is able to understand the rating system used.

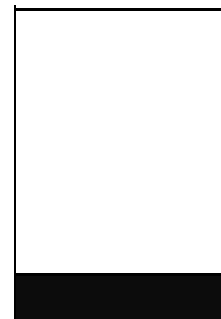
### Screening Questions.

What is your favourite food?.....

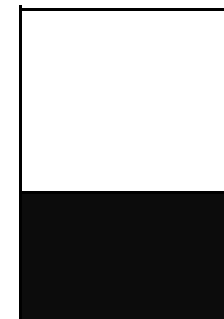
(a.) Do you like.....(*favourite food*)?



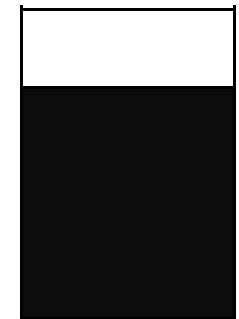
No



A little

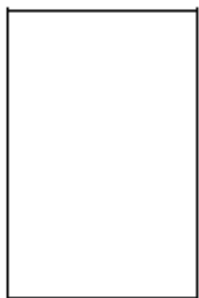


Sometimes

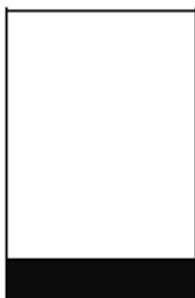


A lot

5. I get on with people OK.



No



A little

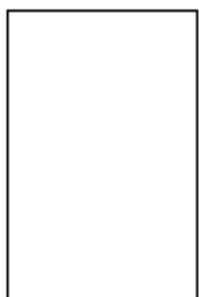


Sometimes

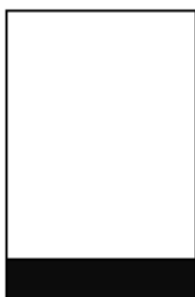


A lot

6. I have bad dreams or nightmares.



No



A little



Sometimes



A lot

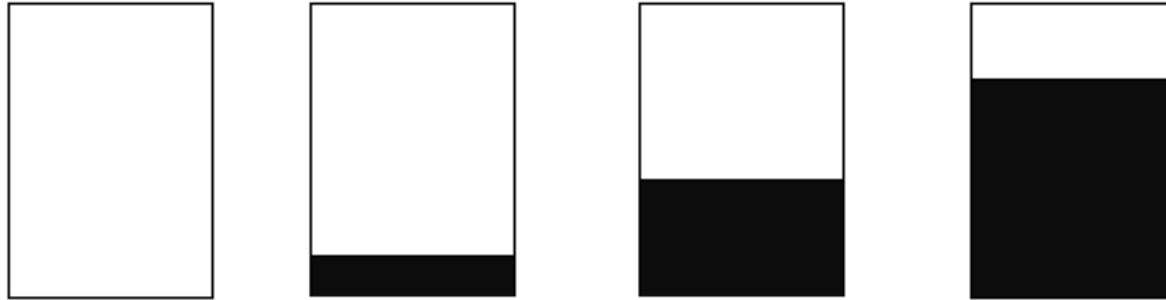
Questions are scored on a 4-point rating scale

There is a visual representation of the response options

Some questions are reverse scored

For example a score of 'No' on question 5 would get a high score while a score of 'No' on question 6 would get a low score

27. I can get out of bed OK on a morning.



No

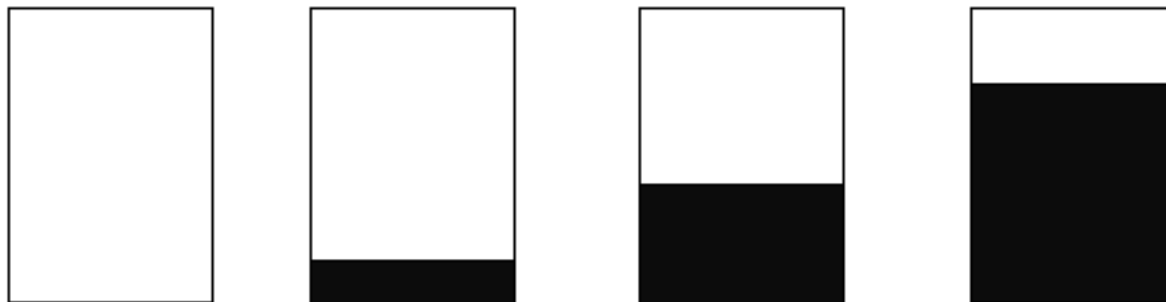
A little

Sometimes

A lot

Two more example questions...

28. I look forward to the future and the good things that could happen e.g. going on holiday, meeting new people.



No

A little

Sometimes

A lot

# Behaviour perceived as challenging

Trauma in DSM –  
hyperarousal, irritability  
and anger (DSM-5)

11. I want to smash things up.

No

A little

Sometimes

A lot

12. I want to hurt people e.g. hit them, push them, pull their hair, or fight with them.

No

A little

Sometimes

A lot

13. I feel like hurting myself really badly.

# Self Report LANTS Scoring

- Self report LANTS total scores can be calculated by adding individual item scores
- No, A little, Sometimes, A lot
- Some of the self report questions are reverse worded and so need to be reverse scored
- There are no comparative norm scores for the LANTS rather in clinical settings the LANTS can highlight areas of difficulty for a respondent on individual items and indicate change over time as a result of interventions

# Informant LANTS

3. Social withdrawal e.g. isolating themselves, and spending more time alone than is usual for them. Avoiding social contact and avoiding being around people.

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4. Loss of daily living skills in which they were previously independent e.g. preparing a sandwich or a drink, getting dressed, or using public transport.

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5. More difficulty regulating emotions than is usual for them – e.g. sometimes elated, and sometimes depressed.

---
6. More difficulty than usual in maintaining relationships e.g. may not be getting on with people they usually get on with.

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7. Avoiding certain things due to fear or anxiety, more than is usual for them e.g. particular people, situations, or going out.

---
8. More verbal aggression than is usual for them e.g. shouting at people, threatening people.

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# Informant LANTS Scoring

- 3 subscales
- Same as usual/behavioural changes
- 'Frequency' subscale is scored: None, Monthly, Weekly, Several times a week, Daily, Several times a day
- 'Severity' subscale is scored: None, Mild, Moderate, Severe
  
- Total scores can be calculated for each subscale by adding individual subscale item scores.



# Scoring

- Mild – although present in the past month the behaviour has little or no impact on the person themselves or those around them
- Moderate – the behaviour has a moderate impact on the person's functioning or those around them. The behaviour may be compensated for e.g. by increasing carer support.
- Severe – the behaviour severely disrupts the person's functioning in daily living or is severely disruptive to those around them e.g. restricts their access to community facilities.

## Lancaster and Northgate Trauma Scales (LANTS) Scoring

Self report LANTS total scores can be calculated by adding individual item scores (as shown in brackets):

- No (1)
- A little (2)
- Sometimes (3)
- A lot (4)

Some of the self report questions are reverse worded and so need to be reverse scored (Questions 5, 7, 14, 17, 19, 21, 22, 23, 24, 27 and 28) should be scored:

- No (4)
- A little (3)
- Sometimes (2)
- A lot (1)

# Interventions for trauma-related mental health conditions

Treatments for trauma include:

Eye movement desensitization and re-processing (EMDR)

Trauma-focussed cognitive behavioural therapy (CBT)

Specialist treatments for trauma-related mental health conditions may need some adaptation for people with learning disabilities

Adapted treatment interventions can be evaluated in clinical trials

Trauma questionnaires can be used to evaluate the effectiveness of treatment interventions during clinical trials and help to build the evidence base for the ways to support people with learning disabilities and trauma-related mental conditions

# Consultation with Clinicians

The Lancaster and Northgate Trauma Scales have been used in the National Health Service (NHS) and clinical settings internationally

Clinicians who have used the Lancaster and Northgate Trauma Scales told us that it would be useful to have subscales

Analysis recently completed suggests that the self-report LANTS trauma questionnaire has potential subscales

In addition some compatibility with the ICD-11\* criteria for complex post-traumatic stress disorder (PTSD) was found

*\*International Classification of Diseases 11th Revision (World Health Organisation (WHO, 2018))*

# Complex post-traumatic stress disorder

Complex PTSD comprises four groups of symptoms:

(i) PTSD

(ii) Negative self concept (or negative view of self)

(iii) Affect dysregulation (for example feeling angry)

and (iv) difficulties in interpersonal relationships

*International Classification of Diseases 11th Revision (World Health Organisation (WHO), 2018)*



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## Research in Developmental Disabilities

journal homepage: [www.elsevier.com/locate/redevdis](http://www.elsevier.com/locate/redevdis)



### Short report and initial evaluation of the factor structure of the Lancaster and Northgate Trauma Scales (LANTS)

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The analysis suggested correspondence between the Lancaster and Northgate Trauma Scales and the four complex PTSD symptom areas  
Published in a journal Special Issue on trauma



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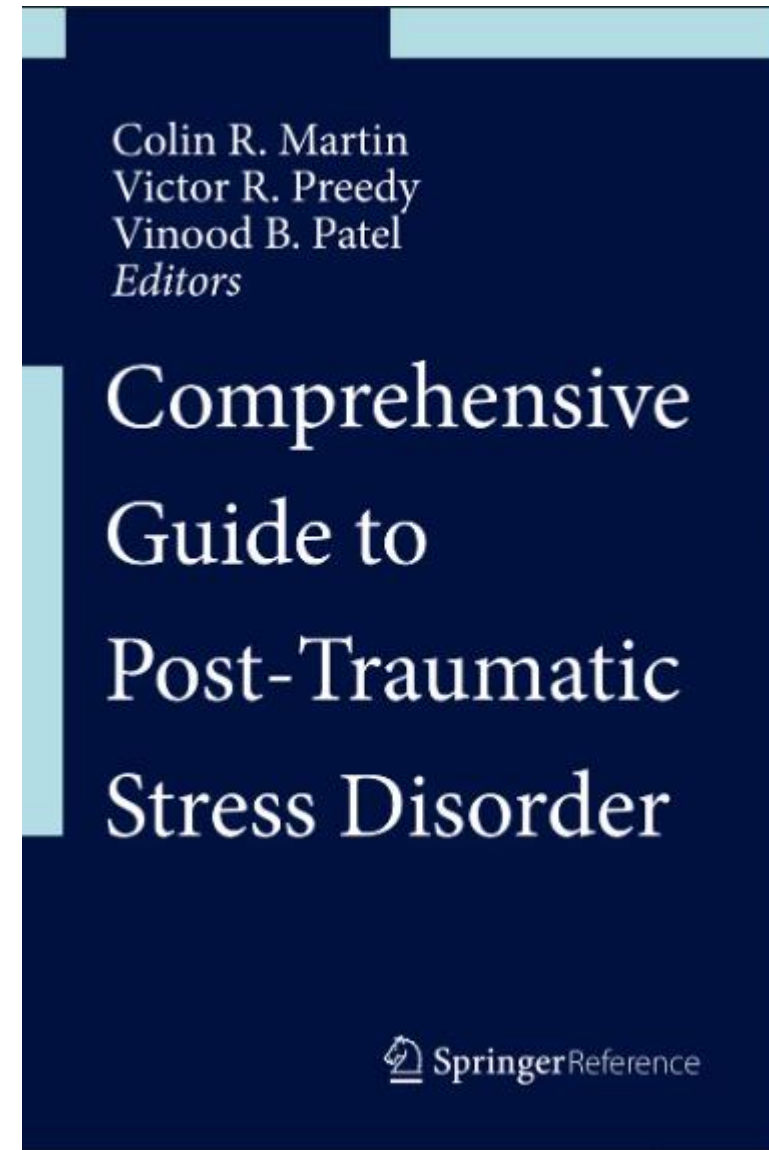
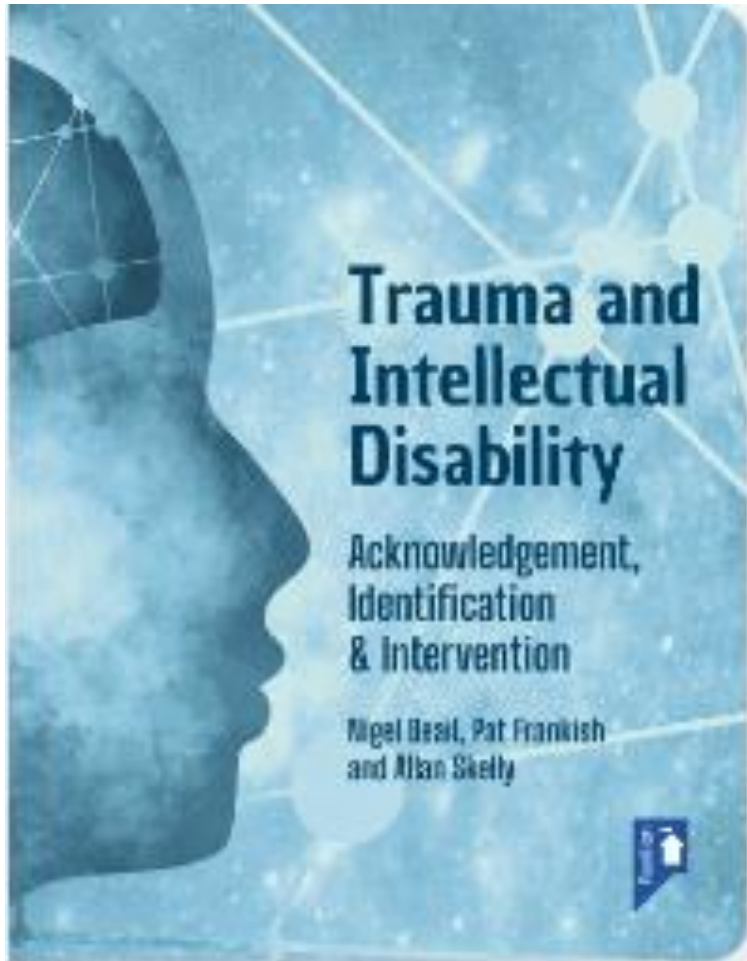


Search in this journal

Trauma and posttraumatic stress disorder in individuals with intellectual and developmental disabilities

- Not a diagnostic tool
- Trauma screening tool
- Free to use
- PDFs available
- For use in clinical services by MDT practitioners and clinicians
- Used to inform formulation

# Trauma manuals



# Future Research

LANTS are used in Autism and Learning Disability services

It is estimated that between 20% and 33% of adults with a learning disability are also on the autism spectrum (Emerson & Baines 2010)

Developing a version of the LANTS suitable for people with learning disabilities who are on the autism spectrum

Developing training on trauma for staff providing support for people with learning disabilities in residential settings

Developing a trauma screening tool for primary care to facilitate signposting to appropriate support and care pathways



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## Research in Developmental Disabilities

journal homepage: [www.elsevier.com/locate/redevdis](http://www.elsevier.com/locate/redevdis)



### Questionnaires used in complex trauma intervention evaluations and consideration of their utility for autistic adults with mild intellectual disability: A systematic review

Sarah Wigham<sup>a,\*</sup>, Iain McKinnon<sup>b,c</sup>, Keith Reid<sup>b,d</sup>, Damian Milton<sup>e</sup>, Ravi Lingam<sup>b</sup>, Jacqui Rodgers<sup>a</sup>

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# Thank you for listening

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