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## CONFERENCE RESOURCE PACK

### 2ND INTERNATIONAL MEETING THE TRAUMA NEEDS OF PEOPLE WITH INTELLECTUAL DISABILITIES ONLINE CONFERENCE

12TH DECEMBER 2023



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# RESOURCES RELATING TO THE ASSESSMENT & TREATMENT OF TRAUMA IN PEOPLE WITH INTELLECTUAL DISABILITIES

## EVALUATION OF AN ADAPTED VERSION OF THE INTERNATIONAL TRAUMA QUESTIONNAIRE FOR USE BY PEOPLE WITH INTELLECTUAL DISABILITIES



Access this article here:  
<https://doi.org/10.1111/bjc.12421>

**Aims:** The International Trauma Questionnaire (ITQ) is a novel assessment instrument that is aligned to the ICD-11 diagnoses of post-traumatic stress disorder (PTSD) and complex PTSD (CPTSD). The purpose of this study was to develop and evaluate an adapted version of the ITQ suitable for use by people with intellectual disabilities.

**Methods:** The ITQ-ID follows the original ITQ, using wording developed in collaboration with a focus group of people with intellectual disabilities. The ITQ-ID was administered to 40 people with intellectual disabilities recruited from learning disability forensic and community settings, alongside a Trauma Information Form and the Impact of Event Scale-Intellectual Disabilities (IES-IDs).

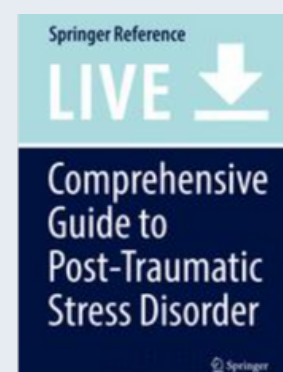
**Results:** Most participants reported multiple traumatizing events. Around half of the participants met strict criteria for a diagnosis of PTSD, and around three quarters met looser criteria. Depending on definitions, between 66% and 93% of those who met criteria for PTSD also met criteria for a diagnosis of CPTSD. The ITQ-ID showed a single-component structure, with very good-to-excellent internal consistency, excellent test-retest reliability, and evidence of concurrent, discriminant, and content validity.

**Significance:** The results support the potential of the ITQ-ID for assessment of PTSD and CPTSD in people with intellectual disabilities in both clinical and research contexts and highlight the need for further validation work.

## ASSESSMENT AND TREATMENT OF PTSD IN PEOPLE WITH INTELLECTUAL DISABILITIES

People with intellectual disabilities (ID) are more often exposed to potentially traumatic events than people without ID. Due to impairments in their cognitive and adaptive skills, processing adverse life events is supposed to be more difficult. This chapter contains an overview of the literature on the (1) manifestations and assessment of posttraumatic stress disorder (PTSD) in people with ID and (2) treatment (i.e., trauma-focused cognitive behavioral therapy [TF-CBT] and eye movement desensitization and reprocessing [EMDR] therapy) of PTSD symptoms in people with ID. There is evidence to suggest that manifestations of PTSD in children with ID correspond with those in children without ID.

To assess the effects of psychological trauma in children and to establish the diagnosis of PTSD, the Adapted ADIS-C PTSD Section appears to be a valid and reliable clinical interview. To determine the severity of PTSD symptoms in adults, two questionnaires with good psychometric properties are available (i.e., LANTS; IES-IDs). TF-CBT and EMDR therapy are the only psychotherapies recommended by the World Health Organization (WHO) for the treatment of PTSD. However, the literature on the treatment of manifestations of PTSD in people with ID is limited to case reports showing positive outcomes. For persons with ID suffering from PTSD, EMDR therapy seems most suited, particularly considering its nonverbal character and the lack of need to do homework and practice outside the sessions. Controlled studies are needed to establish empirical support for PTSD treatments in this population at risk for PTSD.



Access this article here:  
[https://doi.org/10.1007/978-3-319-08613-2\\_95-2](https://doi.org/10.1007/978-3-319-08613-2_95-2)

## POST-TRAUMATIC STRESS DISORDER SYMPTOM MANIFESTATIONS IN AN AUTISTIC MAN WITH SEVERE INTELLECTUAL DISABILITY FOLLOWING COERCION AND SCALDING



Access this article here:  
<https://doi.org/10.3109/13668250.2021.1995930>

**Background:** Autistic adults with intellectual disabilities (ID) seem to be particularly vulnerable to potentially traumatic experiences and post-traumatic stress disorder (PTSD). Furthermore, this population may be at risk for a different set of traumatic experiences than the general population. However, knowledge is sparse concerning PTSD symptom manifestations in individuals with severe ID.

**Method:** Exploration of PTSD symptom trajectories and manifestations in an adult, autistic man with severe ID.

**Results:** Altered arousal/reactivity and problematic avoidance were the most easily observable symptoms. Avoidance seemed to become more generalised over time, and the impact of PTSD on behaviour, level of functioning, and quality of life was severe.

**Conclusions:** Negligence and coercion in services for autistic adults with ID may involve a traumatic potential for these individuals. Increased awareness of this risk is needed in service providers and mental health professionals.



# RESOURCES RELATING TO THE ASSESSMENT & TREATMENT OF TRAUMA IN PEOPLE WITH INTELLECTUAL DISABILITIES

## TRAUMA EXPOSURE AND POST-TRAUMATIC STRESS DISORDER IN PEOPLE WITH INTELLECTUAL DISABILITIES: A DELPHI EXPERT RATING



Access this article here:  
<https://doi.org/10.1016/j.ridd.2020.103788>

**Background:** There is a lack of research on trauma in people with intellectual disabilities. This study assessed expert consensus on the traumatic potential of a broader range of adverse life events, and differences in symptom manifestation and behavioural symptom equivalents of post-traumatic stress disorder (PTSD) symptoms.

**Method:** The present authors conducted a three-step Delphi survey using a mixed-methods design. Twenty-nine expert raters participated in the survey, and 16 persisted to the final round. Consensus was calculated using the interquartile range.

**Results:** Traumatic potential was attributed to adverse life events, particularly revolving around sexuality and autonomy. DSM-5 symptoms of PTSD were rated as partially adequate, with behavioural symptom expression being the main difference to the general population.

**Conclusion:** The range of traumatic events should be broadened for people with intellectual disabilities. A specific subset of events need to be defined in future research. Detection of PTSD depends upon determining specific symptom correlates of challenging behaviour.

## EYE MOVEMENT DESENSITISATION AND REPROCESSING AS A TREATMENT FOR PTSD, TRAUMA, AND TRAUMA RELATED SYMPTOMS IN CHILDREN WITH INTELLECTUAL DISABILITIES: A GENERAL REVIEW

**Purpose:** This paper aims to discuss the utility of eye movement desensitization and reprocessing (EMDR) therapy as a treatment for children with intellectual disabilities (ID) who have experienced trauma.

**Design:** Relevant National Institute for Health and Care Excellence (NICE) guidance and literature were reviewed to provide support for the use of EMDR as a treatment for trauma in children with ID.

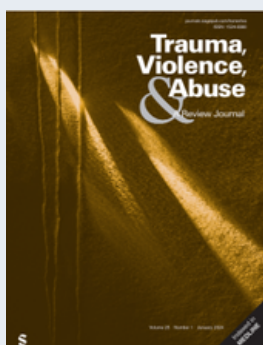
**Findings:** There is a growing body of evidence which demonstrates that EMDR therapy is successful for the treatment of trauma in adults and children. However, for children with ID, the research is limited despite those with ID being more likely than non-disabled peers to experience trauma such as abuse or neglect.

**Practical implications:** EMDR can only be facilitated by trained mental health nurses, psychiatrists, psychologists (clinical, forensic, counselling or educational) or occupational therapists or social workers with additional training. Finally, general practitioners who are experienced in psychotherapy or psychological trauma and have accreditation. Therefore, this highlights that there may be a lack of trained staff to facilitate this intervention and that those who are generally working with the client closely and long term such as learning disability nurses are not able to conduct this intervention.



Access this article here:  
<https://doi.org/10.1108/AMHID-02-2023-0005>

## A SYSTEMATIC REVIEW OF TREATMENT INTERVENTIONS FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY AND TRAUMA SYMPTOMS: A REVIEW OF THE RECENT LITERATURE



Access this article here:  
<https://doi.org/10.1177/1524838020960219>

Individuals with intellectual disabilities (IDs) are at increased susceptibility to adverse life experiences and trauma sequelae. There is a disparate range of therapeutic interventions for post-traumatic stress disorder (PTSD) and associated symptoms. This systematic review aimed to appraise the effectiveness of both cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) for PTSD and associated symptoms for both adults and children with mild, moderate, or severe intellectual delay. A systematic search, in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, of the PsychInfo, PubMed, Cochrane Database of Systematic Reviews, and MEDLINE databases were performed, and all relevant articles published between 2010 and March 2020 were included. A total of 11 articles were included, eight that focused on EMDR and three on CBT. The methodological quality of many of these articles was generally weak. Tentative findings suggest that EMDR and CBT are both acceptable and feasible treatment options among adults and children with varying levels of intellectual delay, but no firm conclusions can be drawn regarding effectiveness due to small sample sizes, lack of standardized assessment, and a paucity of methodological rigorous treatment designs. This review highlights the continued use of therapeutic approaches with clients presenting with IDs and PTSD. It adds to the extant literature by providing an expansive and broad overview of the current effectiveness of both EMDR and CBT. Further high-quality research is needed to provide more conclusive findings regarding treatment effectiveness and modifications to treatment needed with this population.

# RESOURCES RELATING TO THE ASSESSMENT & TREATMENT OF TRAUMA IN PEOPLE WITH INTELLECTUAL DISABILITIES

## TRAUMA EXPOSURE AND POST-TRAUMATIC STRESS DISORDER IN PEOPLE WITH INTELLECTUAL DISABILITIES: A DELPHI EXPERT RATING



Access this article here:  
<https://doi.org/10.1016/j.jaridd.2020.103788>

**Background:** Individuals with autism spectrum disorder (ASD) and intellectual disability (ID) more frequently experience potentially traumatic events (PTEs), and may be more vulnerable to trauma-related symptoms. However, it is unclear how such symptoms are captured on tools used for behavioural and psychiatric assessment in this population. [This paper aimed] to explore whether and how PTEs are associated with symptom reports in adults with ASD and ID.

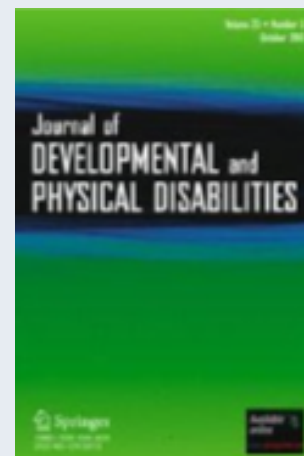
**Methods:** Associations and group differences for death of a close relative and serious disease/injury in a close relative/caregiver/friend were explored in a clinical sample of 171 adults with ASD and ID referred for psychiatric assessment. Symptoms were measured using Aberrant Behavior Checklist (ABC) and Psychopathology in Autism Checklist (PAC).

**Results:** Disease/injury was associated with higher scores on ABC irritability, ABC hyperactivity and self-injurious behaviour. Death was associated with lower scores on ABC lethargy and ABC stereotypic behaviour. Some associations reached significance only when controlling for ASD, ID, or verbal language skills, but the identified associations were not robust. No associations were found for PAC.

**Conclusions and implications:** There is a risk of under-appreciating the impact of PTEs in this population unless ASD, ID and verbal language skills are taken into account.

## POSTTRAUMATIC STRESS DISORDER IN CHILDREN WITH SEVERE OR MODERATE INTELLECTUAL DISABILITY: A STUDY USING THE DIAGNOSTIC INTERVIEW TRAUMA, STRESSORS – SEVERE/MODERATE ID

No research has been conducted on PTSD manifestation in children with severe or moderate intellectual disability (SID; IQ 20 – 49) and no PTSD measurement instrument was available. This pilot explores the psychometric properties of a new diagnostic instrument to investigate trauma and to classify PTSD in children with SID. The Diagnostic Interview Trauma and Stressors-Severe Intellectual Disabilities (DITS-SID), Aberrant Behavior Checklist and Child and Adolescent Trauma Screener 3-6 were administered to parents and residential caregivers of fifteen children with SID. The inter-rater reliability of the DITS-SID is good to excellent. There are indications of a good convergent validity. PTSD prevalence seems high at 27%-33%. Self-injurious behavior was one of the most commonly reported PTSD symptoms. There is evidence that the PTSD manifestation of children with SID does not differ from that of children without SID. PTSD is probably underdiagnosed in this target group. In understanding challenging behavior, it is important to consider an underlying PTSD in order to provide appropriate treatment. The DITS-SID is potentially suitable for diagnosing PTSD. Follow-up research in a larger sample is needed.



Access this article here:  
<http://dx.doi.org/10.1007/s10882-023-09928-2>

# RESOURCES RELATING TO THE ASSESSMENT & TREATMENT OF TRAUMA IN PEOPLE WITH INTELLECTUAL DISABILITIES

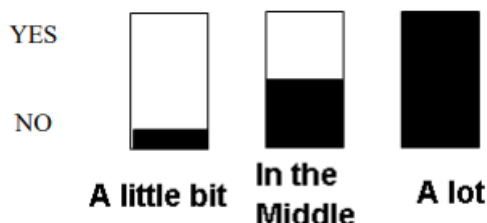
## IMPACT OF EVENTS SCALE - REVISED FOR PEOPLE WITH INTELLECTUAL DISABILITIES (IES-IDS)

Hall, JC, Jobson, Laura and Langdon, Peter E. (2014) Measuring symptoms of post-traumatic stress disorder in people with intellectual disabilities: the development and psychometric properties of the Impact of Event Scale – Intellectual Disabilities (IES-IDS). British Journal of Clinical Psychology. <https://doi.org/10.1111/bjc.12048>

1. Have you had trouble getting to sleep? (e.g., staying awake for a long time when you are trying to sleep)
2. Have you felt angry? (e.g., have you wanted to smash or break things?)
3. Have you being jumpy or easily scared? (e.g., when someone walks up behind you)
4. Have you not wanted to talk about \_\_\_\_\_? (e.g., when people ask you questions about it, have you tried not to answer them?)
5. Have you tried not to get upset when you remembered \_\_\_\_\_? (e.g., have you tried to stop crying when you remembered \_\_\_\_\_?)
6. Have you remembered \_\_\_\_\_ when you didn't mean to? (e.g., thoughts of \_\_\_\_\_ have popped into your head when you were doing something else?)
7. Have you felt that \_\_\_\_\_ hadn't really happened? (e.g., has it felt like you had dreamt it)
8. Have you tried to keep away from places or people that make you remember \_\_\_\_\_?
9. Have pictures of \_\_\_\_\_ come into your head when you didn't want them to? (e.g., Have pictures of what happened pop into your head when you were doing something else?)
10. Have things kept making you remember \_\_\_\_\_? (e.g., do you keep seeing or hearing things that makes you remember \_\_\_\_\_?)
11. Have you tried not to talk about or think about \_\_\_\_\_?
12. Have you been upset because of \_\_\_\_\_ but not asked for help?
13. Have you found it difficult to have strong feelings? (e.g., difficulty crying or being very happy)

14. Have you felt like \_\_\_\_\_ was happening again?
15. Have you felt upset or scared when something reminds you of \_\_\_\_\_?
16. Are there times when the feelings about what happened are too much (e.g., times when you have cried so much/ been so scared you don't think you can cope with them on your own).
17. Have you tried to get rid of memories of \_\_\_\_\_? (e.g., have you told the memories to go away?)
18. Have you found it hard pay attention to the same thing? (e.g., have you found it hard to watch the whole of a TV program?)
19. Have you had feelings in your body when you think about \_\_\_\_\_? (e.g., sweating, trouble breathing, feeling sick, and heart beating fast).
20. Have you had bad dreams or nightmares about \_\_\_\_\_?
21. Are you being extra careful? (e.g, checking to see who is around you)
22. Have you had trouble staying asleep? (e.g., have you woken up a lot in the night?)

Likert Scale



# RESOURCES RELATING TO THE ASSESSMENT & TREATMENT OF TRAUMA IN PEOPLE WITH INTELLECTUAL DISABILITIES

## INTERNATIONAL TRAUMA QUESTIONNAIRE - INTELLECTUAL DISABILITIES

Langdon, P. E., Bisson, J. I., Rogers, G., Swain, S., Hiles, S., Watkins, A., & Willner, P. (2023). Evaluation of an adapted version of the International Trauma Questionnaire for use by people with intellectual disabilities. *British Journal of Clinical Psychology*, 62(2), 471-482. <https://doi.org/10.1111/bjc.12421>

### International Trauma Questionnaire – Intellectual Disabilities

**Instructions:** Please identify the experience that troubles the person most by using the Trauma Information Form, administered as a semi-structured interview. Refer to the pictorial prompt sheet as required.

Record the trauma here: \_\_\_\_\_  
|

When did the experience occur? (circle one)

- a. less than 6 months ago
- b. 6 to 12 months ago
- c. 1 to 5 years ago
- d. 5 to 10 years ago
- e. 10 to 20 years ago
- f. more than 20 years ago

“I’m going to read some problems that people who have had trauma struggle with; can you tell me whether you have had any of these problems in the last month by saying yes, sometimes, or no when I ask the question?”			
	No	Sometimes	Yes
1. Are you having nightmares about the bad things that happened to you?	0	1	2
2. Are you having memories about the bad things which pop into your head and scare you?	0	1	2
3. Have you tried not to think about the bad things?	0	1	2
4. Have you tried not to go to places that remind you of the bad things that happened?	0	1	2
5. Have you felt really scared a lot of the time?	0	1	2
6. Have you felt really jumpy?	0	1	2

“In the last month, have the things we just talked about:”

7. Meant that you fell out with your friends?	0	1	2
8. Meant that you couldn’t go to work or do your activities?	0	1	2
9. Meant that you couldn’t do the things you normally do like school, hobbies or other things?	0	1	2

## INTERNATIONAL TRAUMA QUESTIONNAIRE - INTELLECTUAL DISABILITIES (CONTINUED)

<b>"I am going to read some more problems that people who have had trauma struggle with; can you tell me whether you generally feel this way by saying yes, sometimes or no when I ask the question?"</b>  <b>"How true is this of you?"</b>			
	<b>No</b>	<b>Sometimes</b>	<b>Yes</b>
1. When I am upset, it takes me a long time to calm down.	0	1	2
2. I feel sad	0	1	2
3. I feel like a failure	0	1	2
4. I feel worthless	0	1	2
5. I feel like I have no friends	0	1	2
6. I find it hard to be around people	0	1	2

<b>"In the past month, have the bad feelings and thoughts we just talked about:"</b>			
	<b>No</b>	<b>Sometimes</b>	<b>Yes</b>
1. Meant that you fell out with your friends?	0	1	2
2. Meant that you couldn't do your work or your activities?	0	1	2
3. Meant that you couldn't do the things you normally do like school, hobbies, or other things?	0	1	2





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