



The experience of trauma and the use of psychological interventions in People with ID

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Post Traumatic Stress Disorder (PTSD) & Complex PTSD



PTSD & people with ID

- Higher adverse life events
- Diagnostic challenges
- Maybe harder to avoid triggers

Wigham, S., Emerson, E. Trauma and Life Events in Adults with Intellectual Disability. Curr Dev Disord Rep 2, 93–99 (2015).

<https://doi.org/10.1007/s40474-015-0041-y>







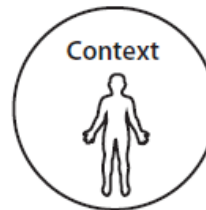
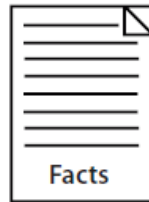


Narrative Exposure Therapy

1. Multiple & complex trauma
2. Aims at coherent narrative
3. Empathic, active therapist stance
4. Can be undergone while still in traumatic environment

Trauma narratives

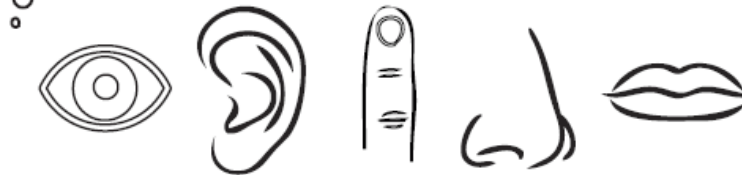
COLD memories



HOT memories



Physiological
feelings



Sensory information



Practical Elements of NET

- • Part 1: Diagnostic interview and psychoeducation
- • Part 2: Laying out the *Lifeline* (optional)
- • Part 3: NET therapy sessions - Narrative Exposure to stones
- • Part 4: Final session rituals



- Part 3: NET therapy sessions - Narrative Exposure to stones
 - repetition of the last narration and corrections
 - adding details
 - continuation of the narration
 - slowing down at ‘stones’
 - one traumatic memory “STONE” per session,
 - sessions last 90 to 120 minutes



Final session: rituals of

- Re-reading the narrative - trying to promote engagement in exposure to trauma material while re-reading and not avoiding
- Signing of the narrative by the client, therapist, and witnesses (e.g. translator)
- Hopes for the future
- Laying out of the final Lifeline including all the positive, negative, sad (losses), and aggressive (violent) events (flowers, stones, candles, sticks)
- Placing flowers for hopes and wishes for the future



Who is this for

- Simple process – concrete questions
- Requires some level of verbal ability but no need for abstract thinking
- Does not require stabilization
- Created for multiple & complex trauma as a result of political, cultural or social forces (such as refugees, victims of violence in war, sexual abuse)
- Anecdotal evidence - has been adapted for ASD & ID



Eye Movement Desensitisation and Reprocessing (EMDR)



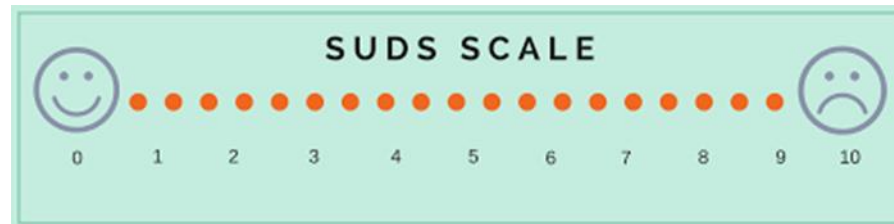


What is EMDR?

- Developed by Francine Shapiro (1995)
- Integrative Psychotherapeutic Approach
- PTSD physiologically based
- EMDR targets memories, stimulates information processing system and allows for the adaptive processing to take place.

Aims of EMDR

- Reduce **subjective distress** and strengthen **adaptive cognitions**.
- Shift from **re-experiencing** the trauma memory to **remembering it**.



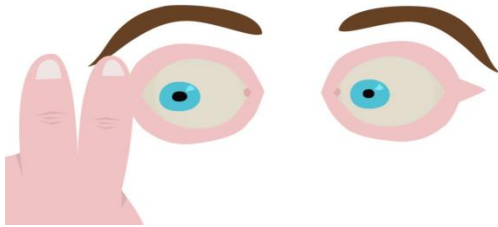


Phases of EMDR

- 1. History taking
- 2. Preparation & stabilisation
- 3. Assessment
- 4. EMDR: Desensitisation
- Installation
- Body scan
- Closure
- 8. Re-evaluate

How do you do EMDR?

- Training
- Ships in the night
- Bilateral stimulation (BLS)
- Safety before and after



Trauma-AID Trial

- RCT using adapted protocol
- Recruitment
- Inclusion and Exclusion criteria

Inclusion	Exclusion
<p>Participant</p> <ul style="list-style-type: none"> • Aged ≥ 18 to ≤ 65 • Meeting criteria for a diagnosis of ID • Meet ICD-11 diagnostic criteria for PTSD • Major identified trauma at least a year earlier • Capacity to consent to intervention and trial <p>Carer</p> <ul style="list-style-type: none"> • Aged ≥ 18 and over • A family member or carer of a person with ID who has consented to participate in the trial • Able to communicate in English and to provide informed consent to study participation 	<ul style="list-style-type: none"> • High risk and/or requiring urgent treatment • Currently in therapy and unwilling to intermit • Previously completed a course of EMDR • Psychosis not well controlled by medication • Change of psychotropic medication or dosage within the last month • Unable to complete the assessments • Any medical condition or treatment, which, in the opinion of investigators, could affect the safety of the participant's participation or outcomes of the study (epilepsy).



Comments, questions, your experiences