Presentation Transcript
Abigail Farley

Title Slide (Slide 1):
Interpersonal violence in the context of individuals with intellectual disabilities
A project by me, Abigail Farley, advised by Dr. Virginia Mackintosh and Dr. Laura Wilson.

Slide 2:
After working with the intellectually disabled population for the previous 10 years, they have become some of my closest friends and a population that I advocate for any chance that I get. My research was inspired by my academic coursework, my future career goals of attaining my License in Clinical Social Work, and most importantly, these meaningful connections that I have made.

Slide 3:

This project examined potential effective therapeutic approaches for individuals with intellectual disabilities after experiencing trauma, specifically interpersonal violence.

Some research questions were asked such as:

What is an intellectual disability?

Why is this population at a higher risk for experiencing trauma?

What is a traumatic event or interpersonal violence?

How is trauma treated in individuals without cognitive deficits?

Why do these approaches not work for people with intellectual disability?

And most importantly: what are alternative therapies that may be more beneficial?

Slide 4:
An intellectual disability is defined as a "disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many social and practical skills"
Deficits in intellectual functioning lead to difficulty with reasoning, problem solving, planning, abstract thinking, academic learning, and learning from experience.
Regarding the latter part of the definition, deficits in adaptive functioning result in difficulty completing tasks of daily living, difficulty following rules, and an absence of social skills.
Lastly, these limitations must be present before the age of 18 to fit DSM diagnostic criteria.

Slide 5:
Individuals with intellectual disabilities are at a heightened risk for experiencing interpersonal violence due to a myriad of population specific risk factors

Their lack of social skills and cognitive abilities results in a lack of power to defend themselves, similar to violence being enacted on a child.
The direct effects of their disability lead to naïve trusting of strangers, a lack of appropriate social skills when dealing with someone who may be abusive, and trouble with making rational judgement calls regarding dangerous individuals.
Caretakers often exploit these individuals for benefits while treating them in abusive manners, leaving the victim with few alternatives to this abuse because they need assistance with tasks of daily living or are unable to facilitate a new placement for themselves.
Lastly, individuals with intellectual disabilities are sexually assaulted at high rates because they are often unaware of what is happening and have lesser experience with sex, making them easy targets for exploitation.
Ultimately, these individuals are viewed as easy targets and often exploitation of them goes unpunished, as they may not be believed when sharing their stories or able to effectively convey a detailed account of the incident.

Slide 6:
Regarding trauma in the context of all individuals, both with and without cognitive deficits, a traumatic event is defined as an incident that includes "extreme sense of powerlessness as well as a disruption of beliefs and expectations."
This can include anything from mass shootings to earthquakes, so it is important to narrow trauma into a more specific subset that is more commonly experienced by individuals with intellectual disability.
Interpersonal violence is defined as the intentional use of force or power against another individual or group/community that has a high likelihood of resulting in physical harm, psychological harm, or deprivation
Examples include intimate partner violence, child maltreatment, acquaintance or stranger violence, and sexual assault.

Slide 7:
There are multiple theories that create the theoretical framework for various types of therapy.
The cognitive approach to therapy believes that psychopathology results from inaccurate information processing and dysfunctional cognitions. These dysfunctional cognitions must be changed to more adaptive or realistic cognitions in order for the patient to experience less distress or dysfunction.
The behavioral approach to therapy explains behavior as responses to stimuli. For example, trauma survivors often avoid stimuli related to their trauma that elicit aversive emotions or physiological reactions, only reinforcing this avoidance behavior. Therefore, these aversive stimuli must be encountered and effectively dealt with for behaviors to change.
Lastly, the biological perspective posits that psychopathology is a result of biological or genetic variables.

Slide 8:
Combining the behavioral and cognitive approaches to therapy, cognitive behavioral therapy combines exposure and cognitive restructuring resulting in high success rates for people with both anxiety and PTSD. Exposure therapy led to improvement for 70% of people suffering from

anxiety disorders and CBT resulted in similar levels of symptom management for veterans suffering from PTSD, although most still retained a diagnosis and some symptoms.
Relating to the biological approach to treatment, anti-depressants did show statistically significant levels of symptom improvement when compared to a placebo, but side effects are common and lead to significant attrition in 88% of the 15,161 studies that were included in the meta-analysis.
Anxiety is also commonly treated with anti-depressant medication with the addition of benzodiazepines, which have been proven to have a high potential for abuse and dependence, yet are still being prescribed at even higher rates than they were before they were put on the restricted drug list or officially recognized as causing dependence.

Slide 9:
One preliminary study, involving only 12 adults with developmental disabilities, found that CBT resulted in significantly lower anxiety and psychopathology scores posttreatment. That being said, these results could be skewed, and specific barriers are still present.
Firstly, with any type of therapeutic intervention a placebo effect may be present as both the individual and the family member/caretaker believe that the therapy should be working, so they may report lesser symptomology or problem behavior due to this belief.
In addition, CBT requires an engaged family member or caretaker to take part in the therapeutic process. In 2015, 680,851 individuals with disabilities lived in out of home settings, 70,000 of them living in group homes or institutions of 16 or more people. In addition, 5.5 million disabled individuals have no direct support services and those that do, have caretakers that are grossly underpaid and overworked, many earning below the poverty level for a family of 4. Even those being cared for by family members face difficulty regarding treatment, as 48% of unpaid caregivers report being very or extremely stressed, leading to a limited capacity to be an effective participant in the psychotherapeutic process. Ultimately, many of these individuals do not have someone who is invested enough or knows enough about their history to participate in long-term therapy with them.
Lastly, their symptoms are often attributed to their disability rather than their trauma. Only 4-8% of individuals with disabilities are diagnosed with emotional disorders in comparison to anywhere from 22.5-55% being diagnosed with behavioral problems, reflecting how this is a far more common diagnosis than investigating for posttraumatic psychopathology.
Regarding medication administration, a study of 49 individuals with intellectual disabilities revealed that the administration of SSRI's in conjunction with other psychotropic medications led to severe side effects such as dyskinesia and akathisia. Due to the common presence of multiple diagnoses and polypharmacy within this population, dangerous drug interactions are common and side effects are particularly dangerous. In addition, it is difficult to receive ethical consent and a caretaker is usually still needed to make sure that the medication is properly taken and to avoid the risk of possible overdose.

Slide 10:
Before treating trauma and posttraumatic responses, it is important to first assess it, the typical self-report often leading to skewed results when dealing with individuals that may have issues with verbal communication or intellectual delays.
The Lancaster and Northgate trauma scales are the first and only trauma scales specifically designed for individuals with cognitive deficits

Although they include self-report, this possible skew is balanced by informant report items filled out by family members or caregivers and shows high convergent and construct validity when correlated with other overlapping constructs such as those dealing with life events, mental health, and behavioral indices.

Slide 11:
One promising treatment possibility is eye movement and desensitization reprocessing. Using bilateral stimulation allows for the unprocessed and dysfunctionally stored traumatic memories to be moved from the mute part of the brain in which they are stored and then connected with positive skills or information and the individual is desensitized to them. One study using intellectually disabled individuals and EDMR showed qualitative results that many showed decreased symptoms and better functioning in daily life. This is particularly promising for intellectually disabled individuals because they do not have to verbally recount the trauma and problem behaviors can be lessened without explicitly connecting those behaviors to traumatic memories.

Slide 12:
Interactive behavioral therapy (IBT) is also a recently emerging possibility for individuals with cognitive impairments, although even less researched than EDMR.
It focuses on the role playing of emotionally salient scenes in a group setting, occurring in multiple stages
The orientation stage is where the group merely talks about a topic, the topic being nearly irrelevant, as this stage is just to get members used to the group and how it will operate.
The warmup or sharing stage encourages participants to move past just horizontal disclosure, which is where they merely disclose that an event occurred and towards vertical disclosure which includes details while describing the event.
The enactment stage is where the role-playing actually occurs through role reversal, talking to an empty chair, and doubling, where someone shares how an experience made them feel and others in the group validate those feelings by repeating them in their own words.
Research has shown that this approach has significantly improved global assessment of functioning scores, and 85% of participants expressed that it was helpful. A more impressive 90% said it helped them to get along better with others, showing that it may not only provide therapeutic benefits, but also social benefits for individuals with intellectual disabilities.

Slide 13:
Finally, rounding us out with essentially no research is supported employment. Supported employment is defined as an integrated work setting that takes into account the capabilities and needs of individuals that have been unable to competitively work or who had had to leave previous jobs in the past due to symptoms or deficits.
A study of 100 intellectually disabled individuals found that those who had supported employment had higher levels of self-esteem and job satisfaction than those in sheltered employment. Another study found that they also had higher quality of life scores than those that were unemployed, with a final study finding that they also had greater overall scores of psychological well-being than their unemployed counterparts.
Although supported employment has been less studied with trauma survivors, it has been seen to result in higher self-esteem, greater social and financial satisfaction, and fewer adverse

psychological reactions in individuals with mental illness. Although it is yet to be empirically investigated, there is a possibility that supported employment could provide beneficial effects for people that have a dual diagnosis of intellectual disability and mental illness as a result of previous trauma.

Slide 14:

Throughout the course of this research it was striking how little research has been done regarding psychotherapeutic approaches for individuals with intellectual disabilities. It is of chief importance that their symptoms are not solely attributed to their diagnosis and that the possibility of trauma is explored. It is also essential that these individuals are not viewed as hopeless and that they can respond to and understand therapy when it is formatted appropriately for their level of functioning. It is imperative that more research is conducted, and previous research is replicated to fill this empirical void and that funding, legislation and education continue to make these resources more attainable. The hope is that with these strides, instances of interpersonal violence against these individuals can be lessened and posttraumatic trajectories can become more hopeful.

The references for the entire paper are at the end of this presentation and feel free to contact me with any questions. Thank you for your time!