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A Training for Counselors to Work with Dual Diagnosis of Post Traumatic Stress Disorder and Intellectual Developmental Disorder

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A Training for Counselors to Work with Dual Diagnosis of Post Traumatic Stress Disorder and Intellectual Developmental Disorder

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By

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Abstract

Individuals with intellectual developmental disorder (IDD), also called intellectual disability, have received little attention when it comes to counseling research. Though there has been a push for increasing amounts of multicultural counseling within the field in recent years, this demographic has not been examined with very much scrutiny. This is especially true when considering individuals who have a diagnosis of IDD alongside a diagnosis of post traumatic stress disorder (PTSD), despite a high prevalence of co-occurring disorders of IDD and PTSD. The purpose of the proceeding literature is to provide a training program that can be utilized by counseling professionals to learn the terms and skills necessary to provide adequate care to this niche demographic. A literature review will cover three key points. First, to consider the effective treatment modalities that are available when working with this specific population. Eye Movement Desensitization and Reprocessing and adapted versions of Cognitive Behavioral Therapy have been shown to be the most efficacious. Second, to consider the current state of assessment when working with this specific population; and finally, to consider the role of the counselor-client relationship when working with this demographic. This will then be followed by a training module that is based around the information developed within the literature review to highlight important areas of training alongside gaps in current research. This training will include an introduction to EMDR and CBT, adaptations for working with this population, best treatment approaches, the importance of the therapeutic relationship, and a case study. Finally, there will be an exit evaluation to both encourage trainees to reflect on what they have learned alongside areas in which this training could be improved (Cooney et. al., 2018; Khan, et. al., 2021; Birk et. al., 2019; Karatzias et. al., 2019; Smith et. al., 2021; Fernando and Medicott, 2009).

Keywords: IDD, PTSD, Counselor Training

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Introduction

Intellectual developmental disorder (also called intellectual disability) is characterized by marked impairment in general intellectual functioning. The most common areas that are impacted are the individual's ability to learn, whether academically or through experience, reasoning, and problem-solving ability (APA, 2022). With these areas in mind, Individuals with intellectual disabilities (IDD) are diagnosed with one of three different levels. Mild intellectual disability is characterized by small differences in conceptual skills and practical skills – some support may be needed – and the most apparent difference is found in social skills where Individuals may be easily manipulated or gullible. Moderate intellectual disability consists of readily apparent differences and consistent lagging behind peers in the domains of conceptual and practical skills. The individual is often able to care for themselves in terms of daily living tasks, but extended periods of teaching may be required. Socially, the most apparent difference is found in a decreased use of complex communication skills when compared to peers. Individuals with severe (and a more pronounced 'profound') case IDD have extremely limited conceptual, social, and practical skills. Great levels of care are often necessary throughout this individual's life (APA, 2022).

Post traumatic stress disorder (PTSD) is characterized by three different but distinct aspects that make up the diagnosis. First, the individual experiences some sort of traumatic event. It is important to note that the exact nature of this event can vary, though the most common events include war, assault, and child abuse. Second, the individual, as a result of experiencing a traumatic event, continually reexperiences this event. Again, the exact nature of this can vary, but it is commonly expressed through dreams or intrusive thoughts. Finally, PTSD

is characterized by a persistent and intentional avoidance of stimuli related to the traumatic event (APA, 2022).

Dual Diagnosis of PTSD and IDD

According to Smith, et. al., (2021), the lack of research surrounding the comorbidity of PTSD and IDD is troubling as there is a high prevalence of PTSD (or PTSD-like symptoms) among individuals with intellectual disabilities. Thus, the dearth of research surrounding this population is concerning as there is an argument to be made that helping professionals are not prepared to adequately provide services to this very specific demographic. Further, there is evidence of the interplay of PTSD and IDD in that both disorders can impact each other making the symptoms worse, indicating that further research to understand this niche is important.

Before discussing the prevalence of PTSD among individuals with IDD it is important to first recognize the prevalence of PTSD among the general population. This is important for two reasons. First, it gives a better understanding of why PTSD is an important issue to discuss within the context of the broader counseling field. Second, understanding the prevalence of PTSD in the general population gives more weight to the prevalence that is found in the population of individuals who also have IDD. With this in mind, according to a meta-analysis of four hundred and thirty-nine current literature pieces conducted by Rezayat et. al., (2019) the prevalence of PTSD among the general population of adolescents is around twenty to thirty percent of individuals depending on the time that has elapsed since experiencing the traumatic event. It is important to note that the exact estimates of the prevalence of PTSD among the general population will vary, and there is some research to indicate that the prevalence PTSD among the general population ranges from five to ten percent (Shalev et. al., 2017).

With a broader understanding of the prevalence of PTSD in the general population the discussion can now shift to a focus on the prevalence of PTSD within the specific demographic of individuals who also have IDD. Thankfully, there has been some research done on this topic. For instance, Daveney et. al., (2019) conducted a review of the current literature on this topic and found the prevalence of PTSD symptomology among individuals with IDD to be around ten percent, consistent with the upper bounds of prevalence found in the general population according to some of the available research. With this in mind, regardless of the exact numbers, one thing is clear. There is a large number of individuals who meet the criteria for a dual diagnosis of PTSD and IDD. As such, current and ongoing research for how to interact with this demographic in a counseling setting is not only necessary but paramount to the growth of the counseling profession as a whole.

Interplay of PTSD and IDD

With an understanding of the prevalence of PTSD among individuals with IDD in mind another important topic to discuss when introducing this topic is the potential for symptoms of PTSD and IDD to interact with one another making the experience of the individual with both diagnoses worse. One factor to consider is that people with IDD are more likely than the general population to encounter abuse and neglect. This in turn causes a host of mental health problems (e.g., anxiety and depression) alongside the development of PTSD. Further, individuals with IDD are more vulnerable to experiencing trauma for a variety of reasons. These include less ability to avoid trauma-inducing stimuli, a lessened ability to regulate emotions, and lower levels of family and social support (Fletcher et. al., 2016; Wigham et. al., 2014). Thus, conducting research in the area of assessing and treating individuals with a dual diagnosis of PTSD and IDD is critical because this demographic not only has comparable rates of prevalence of PTSD to the general

population, but also has a diminished ability to be resilient and naturally cope with the effects of trauma and PTSD.

The Therapeutic Alliance

There has long been a discussion in the field of counseling and mental health services as to the core components of what can make a session with a client successful. This search has tried to pinpoint a few factors that are seen as applicable to the success of counseling services without regard to the modality of treatment or the area of concern. In this search Leibert and Dunne (2015) set out to assess the importance of three common factors of counseling – client factors, counselor-client relationship factors, and client expectancy – within a sample of 81 participants. These participants were asked to fill out satisfaction surveys (such as the OQ-45 and CMOTS) immediately following their counseling session. The results of this data show that there is a modest but robust link between satisfactory client outcomes and a strong therapeutic relationship. This is a finding that has been consistently shown throughout the field of counseling research. Moreover, the link between positive treatment outcomes and a strong working relationship between the helping professional and the client they are serving has been shown to generalize to counselors in training and even holds when controlling for pre-treatment symptomology (Leibert & Dunne, 2015; Horvath & Bedi, 2002; Martin et. al., 2000; Castonguay et. al., 2006).

The Therapeutic Alliance and PTSD

PTSD is something that has been widely researched in the counseling field. As such, there is significant literature available to point to the fact that the quality of the therapeutic alliance can have significant outcomes on the overall perceived effectiveness of counseling on the part of the client (St. Cyr, 2022). Further, according to Keefe et. al., (2022) the therapeutic

alliance goes beyond simply increasing client satisfaction with, and adherence to, therapy. A strong therapeutic alliance has been shown to increase the effectiveness of the acting clinician to implement therapeutic interventions with clients with PTSD in an efficacious and long-lasting manner thus contributing to a further increase in positive therapeutic outcomes. Furthermore, Soberay et. al., (2014) conducted an investigation into the relationship between PTSD, gambling addiction, and factors related to the reduction of co-occurring disorders. Through this assessment of COD, the acting researchers discovered data to indicate that a strong therapeutic relationship is not only an important treatment factor when working with PTSD, but it can also serve as a mitigating factor for other co-occurring disorders.

The Therapeutic Alliance and IDD

Over the years there has been startlingly little research to examine the importance of the working alliance between counselors and clients with intellectual disabilities. Further, there has been some sentiment to suggest that individuals who have even mild to moderate IDD symptomology may not be able to engage effectively in psychotherapy and subsequently the therapeutic alliance within their counseling sessions. However, what little data has been collected in this area points toward the opposite conclusion. Strauser et. al., (2004) examined the satisfaction of counseling services among a population of one hundred and seventy-eight individuals who met the criteria for mild intellectual disability according to the DSM-IV-TR. This research indicated two important findings. The first was that participants who felt they had a strong therapeutic alliance with their counselor were more likely than those who did not to experience positive counseling outcomes. The second was that a strong therapeutic alliance, consistent with other research in the counseling field, has a stronger impact on the variance of counseling outcomes than even something like the technique or approach chosen by the

counselor. In essence, the point of highlighting this research is not to say that any special considerations need to be given to the working alliance when treating individuals with IDD. In fact, the opposite is true, they should be afforded the same opportunity to create a strong bond with their counselor as any other client would be.

Overall, investigation into the therapeutic alliance in counseling has pointed to three likely outcomes. The first is that the development of a strong therapeutic relationship is pivotal in the treatment of both PTSD and IDD. Second, individuals with IDD can sufficiently engage in the therapeutic process such that the development of this relationship is not only possible but likely and beneficial. Finally, when working with PTSD a strong therapeutic relationship can go beyond simply being a factor in positive treatment outcomes to be a mitigating factor against other possible co-occurring disorders.

Current Treatment Trends

Research surrounding treating PTSD with the general population has received much attention in the field of helping professions. Through this research, multiple treatment modalities have surfaced that should be effective for PTSD treatment. The most prominent of these treatments is Eye Movement Desensitization and Reprocessing (EMDR). EMDR draws upon what is known about working memory and its relation to both eye movements when reliving a memory and the impact of a traumatic and/or emotional memory on those eye movements and subsequent brain functions. Essentially, by training a client to reprogram their natural responses to reliving an emotional event they can be helped into a state where rethinking about a traumatic memory is not only less vivid but also elicits a more controllable emotional response (Susanty et. al., 2021).

With this in mind, EMDR has been shown in several studies to be especially effective when working with an individual who is exhibiting symptoms of PTSD. For instance, in a case study involving an individual who had several comorbid diagnoses (narcissistic personality disorder with antisocial and borderline features alongside PTSD) it was shown that utilizing EMDR was especially effective in treating the symptoms of PTSD. This was most notably true for the more emotional reactions to triggers for the participant's PTSD such as avoidance and flashbacks. Further, the effectiveness of EMDR held even after the treatment was stopped indicating that EMDR is an effective long-term treatment for PTSD (Fleurkens, et. al., 2018).

Alongside EMDR, Cognitive Behavioral Therapy – as well as Trauma Focused Cognitive Behavioral Therapy – (CBT and TF-CBT respectively) have been shown to be effective treatments for PTSD. TF-CBT includes a collection of therapeutic interventions grounded in the ideas of CBT. The focus of these interventions is to assess client's thoughts, feelings, and behaviors in relation to experiencing and reexperiencing the traumatic event. Though the exact nature of the given interventions chosen may vary from individual to individual there are a few core tenants of TF-CBT. First, a focus on the individual processing his or her traumatic memories. Second, a focus on confronting stimuli that may trigger these traumatic memories and cause them to resurface; and finally, a focus on treatment being brief with the aim of getting the client where they need to be as soon as possible. (Ennis, et. al., 2020).

With the goals of CBT and TF-CBT in mind, it is no wonder that it has been shown time and time again to be an effective intervention when working with clients with PTSD. For instance, a randomized control study of patients with PTSD following spinal cord injuries found that CBT was especially effective at reducing the symptoms of PTSD when compared to the individuals in the control group receiving no changes in their treatment. Further, CBT, much like

EMDR, was shown to be effective at reducing the symptoms of PTSD for extended periods, even after the treatment had concluded (Khan, et. al., 2021).

A final area of current treatment worth highlighting is the slight shift toward attempting to address early PTSD symptoms. Treatment for PTSD can be difficult and furthermore, dealing with the symptoms associated with PTSD causes major distress on the part of the client. As such, it has become important to examine what can be done to treat PTSD before the symptoms worsen. Research examining the effects of early intervention is still underway, however, the earlier results of this investigation do show some interesting results. For example, it has been shown that no one specific treatment modality has been especially efficacious at treating PTSD in the early stages – CBT was just as effective as hydrocortisone. However, one clear piece of information from the early stages of this investigation was that mixing methods (i.e., different therapeutic approaches infused with elements of CBT) when treating PTSD was the least effective way to go about treatment (Birk et. al., 2019).

EMDR, PTSD, and IDD

It has been discussed earlier that EMDR is an effective treatment for PTSD with the general population. More questions begin to arise when considering the use of EMDR for PTSD treatment when working with individuals who also have IDD. Upon examining the current literature on the topic of utilizing EMDR to treat PTSD when working with clients who also have IDD EMDR has been shown in multiple studies to be an effective treatment. Though not all research backs the utilization of EMDR with individuals with IDD and PTSD, there is an ever-growing body that does, as will be demonstrated in this section. Further, the effectiveness of EMDR has been shown not only in case studies but also through randomized clinical trials (Smith et. al., 2021).

One of the first-ever randomized trials to examine the effectiveness of treating individuals was conducted by Karatzias et. al., (2019). The goal of this research was twofold. First, participants in this study (who had a dual diagnosis of PTSD and IDD) were divided into two groups. The control group consisted of individuals who received standard talk therapy treatment. The experimental group consisted of individuals who received both traditional talk therapy as well as EMDR. The results of this study are promising as sixty percent of the experimental group that received EMDR as a treatment were symptom free following the conclusion of this study whereas only twenty-seven percent of the control group were symptom free. Thus, this is a well-structured qualitative research inquiry that empirically shows EMDR to have potential as an efficacious treatment for individuals with a dual diagnosis of PTSD and IDD. Beyond the empirical findings of this study there is a second crucial factor that this study clearly shows that must be mentioned. That is the fact that a study such as this shows that empirical random-assignment research can be done with this demographic. This is vitally important for two reasons. First, this provides a foundation for further empirical research to be done with this under researched demographic. Second, this study provides a framework for future research to be done to solidify the effectiveness of EMDR as an intervention when working with individuals with a dual diagnosis of PTSD and IDD.

Beyond specific studies such as the aforementioned Karatzias et. al. research, there is broader support for the use of EMDR to treat individuals with a dual diagnosis of PTSD and IDD. A literature review is one such way to provide this broader support. Smith et. al., (2021) examined sixteen different articles to attempt to find a consensus among the current literature in terms of the effectiveness of using EMDR as an intervention with this niche demographic. The Smith review did find EMDR to be an effective intervention given the information in the articles

that were examined. This finding provides strong support for the use of EMDR with this demographic for a couple key reasons. First, the authors conducted an extremely thorough review of the current literature. This is best evidenced by the fact that the researchers not only examined other literature reviews on the topic prior to conducting their own analysis but also included more articles in their own examination than had ever been included up to the point of the research being conducted. Second, this review served as a clear and concise way to solidify a great deal of the current available research on the topic. This is important because it not only provides a place to quickly learn about the effectiveness of EMDR when working with individuals with PTSD and IDD, but also shows that there is research being done in this area that is worth giving attention to – however limited it may be.

Overall, though the research on EMDR being utilized when working with individuals with a dual diagnosis of PTSD and IDD is limited there is still research in this area that is worth paying attention to. EMDR is perhaps one of the leading treatments to consider when working with this niche demographic. The fact that EMDR is likely a leading treatment choice has been supported in multiple ways, through both qualitative and quantitative research.

CBT, PTSD, and IDD

As outlined above, CBT and TF-CBT have been shown to be empirically effective interventions when working with the general population of clients who exhibit signs of PTSD. However, little research has been done in the area of utilizing CBT and TF-CBT when working with clients who have a dual diagnosis of PTSD and IDD. There has been some pushback when it comes to what interventions can be used with clients with IDD, understandably due to potential limitations in intellectual functioning. However, it has been shown that individuals with IDD are capable of following more complex lines of thought necessary to conduct, and benefit from,

CBT-based interventions. Though the responses may not be those typical of a neurotypical client, the responses are still there. Thus, it can be concluded that individuals with IDD are capable of being collaborative partners in the therapeutic process (van Nijnatten and Heestermans, 2012).

Beyond the ability of individuals with IDD to actively participate in therapy and subsequent therapeutic interventions it has been shown that individuals with IDD and PTSD can be treated using a CBT-based approach. For instance, utilizing a modified CBT approach – tailored to clients with IDD and PTSD in the sense that intervention steps were toned down to match the ability of the client alongside an emphasis on the creation of a 'shield' for the client - that focused on psychoeducation, relaxation training, problem-solving, cognitive restructuring and limited exposure was utilized to treat an individual who has diagnosed with both PTSD and IDD. Thus, Fernando and Medicott (2009) conducted a case study that showed some promising results in terms of using a CBT approach to treat an individual with PTSD and IDD. The subject in question showed improved affect during the course of the treatment as well as no reports of flashbacks (flickers) five months after the treatment had concluded (Fernando and Medlicott, 2009). These results are important for two key reasons. First, this study demonstrates that individuals with IDD and PTSD can be effectively treated using CBT-based methods. Second, this study shows that the results of using CBT to treat individuals with the dual diagnosis are remarkably similar to the results when using CBT to treat an individual without IDD. Thus, further making the case that CBT is shown to be an effective treatment when working with individuals who have IDD and PTSD.

The Adaptability of CBT

One of the strengths of CBT and TF-CBT is in the form of the adaptability of these therapeutic modalities to best suit the needs of each individual client. The question then becomes – can these flexible modalities based on cognition be utilized appropriately and ethically with individuals who show marked reductions in their ability to interact with cognition? Cooney et. al., (2018) conducted a systematic review of eighteen studies discussing the use of CBT with clients who have a dual diagnosis of PTSD and IDD. The results of this study were mixed, indicating that CBT can be applied but must be done so in a culturally sensitive manner and the generalized effectiveness of CBT with this demographic is yet to be determined. Cooney et al., (2018) discovered a few themes that were consistent across the effective studies. Individuals with IDD can identify emotion if time is spent building an emotional vocabulary and/or visual aids are utilized frequently. There is difficulty found in identifying thoughts in isolation, but not behaviors. Individuals with IDD can readily link emotions to events with little to no issue. Finally, individuals with IDD are most likely to recognize the role of a thought when the thought and subsequent behavior are congruent – more effort is needed to explain the connection between an incongruent thought and behavior.

Overall, the support for CBT as an effective treatment when working with individuals with a dual diagnosis of PTSD and IDD exists, however it is more limited than what is available for EMDR. That said, the research that does exist is promising. Though some adaptations may be necessary when working with this demographic CBT can still be an efficacious treatment. Further, as a more general point CBT has been shown to be an effective treatment for PTSD and PTSD-like symptoms. Perhaps the best evidence of this comes from a literature review that was conducted by Kar (2011) which, after an examination of articles on PubMed and other relevant journal sites, found that CBT was among the most effective treatment options when working

with individuals with PTSD. With this in mind, given that CBT is effective with the general population, it stands to reason that a CBT approach that is transformed to work with individuals with IDD would also be effective.

Current Assessment Trends

Any good treatment outcome can only hope to be reached through valid and reliable assessment of the underlying issues that a given individual is experiencing. Prior to considering where the current status of assessing PTSD in individuals with IDD is, it is important to understand the current trends in assessment for each diagnosis separately. When it comes to assessing PTSD one of the most common instruments that is currently in use is the ICD-10 Trauma Questionnaire. This is a screening tool that is widely used by the global mental health community and has been shown to have strong psychometric properties according to Rocha et. al., (2020) which found strong Cronbach's alpha levels (.84 to .88) among the different PTSD symptoms that were assessed in comparison to other instruments. When it comes to assessing individuals for IDD the most common tool that is used is some variation of the Wechsler Intelligence Scale depending on the age of the client involved (Uzun et. al., 2020).

Assessing Dual Diagnosis of PTSD and IDD

To begin, one of the important things to mention when it comes to assessment of PTSD with an individual who also has IDD is that this unique demographic has some distinct characteristics that can make such an assessment difficult to conduct. Daveney et. al., (2019) contend that these difficulties come from three core areas. First, communication. As was outlined in the beginning of this review, individuals with IDD can have difficulties communicating with others. As such, describing the complex circumstances that can lead to a diagnosis of PTSD may be difficult. Second, symptom presentation. Depending on the type of care that an individual

with IDD experiences symptoms related to PTSD can present in a variety of ways that may be unique to this demographic, thus making traditional PTSD assessment potentially more difficult. Finally, a third area to consider is diagnostic overshadowing. This is especially important to consider when working with individuals with disabilities. Diagnostic overshadowing occurs when a major condition (such as IDD) becomes the source of any problems that a client is experiencing whether or not this attribution is warranted. Thus, symptoms that would be attributed to PTSD in a client without IDD may instead be attributed to IDD itself leaving PTSD undiagnosed despite the apparent symptoms. In spite of these potential difficulties however, there are ways in which PTSD can be adequately assessed in individuals with IDD.

One such tool is the ADIS-C PTSD assessment. Mevissen et. al., (2020) conducted a study which consisted of interviewing 106 adults to examine the validity of the ADIS-C PTSD tool for use in assessing PTSD in clients with IDD. The results from this study were promising. The answers from the ADIS-C PTSD tool were compared to the IES-IDD (a tool that is applicable for PTSD assessment according to the standards set by the DSM-IV-TR and the DSM 5). One of the most intriguing results from this research was the high content validity found within the ADIS-C PTSD. There were high correlation coefficients found when comparing this tool to both DSM-IV-TR and DSM 5 criteria ($r = .58$ and .43 respectively). This finding suggests that the ADIS-C PTSD is measuring what it is meant to measure. Thus, it is a step in the right direction when it comes to assessing individuals with IDD for PTSD.

Gaps in Current Research

Clearly, as has been demonstrated throughout this review there is an existing body of research that covers the areas of PTSD, IDD, and dual diagnosis of these conditions. This is particularly true in the area of treatment interventions as there is strong empirical evidence to

support the use of TF-CBT and EMDR within this demographic. Further, there is existing research that delves into the areas of diagnosis and assessment as well, though that is somewhat limited. However, there are gaps in the current body of research that are worth mentioning.

One such area that has received little attention comes in the form of preparing counselors and counselors in training to work with individuals within this demographic. According to Na Mi Bang et. al., (2021) there are some areas of counselor education that are done right, and some areas that are done poorly. This study examined one hundred and eighty-three counseling graduate students utilizing a survey that covered the students' knowledge of working with individuals across four different knowledge categories. On the more positive side the individuals surveyed showed high levels of competence in broader multicultural counseling competencies such as the influence of oppression or psychosocial aspects of disability. However, the results of this study indicated significant gaps in the students' knowledge as well. This was particularly true in the areas of knowledge of legislation surrounding the rights of disabled individuals and knowledge of specific interventions that can be used when working with individuals with disabilities. Thus, there is a concerning deficit in counselor education when it comes to practical usage of skills and knowledge when working with individuals. In sum, one gap in the current research stems from the apparent inability to synthesize present literature on best practices to the educational programs that are utilized to prepare counselors for work in the field.

Another gap in the current literature stems from the sparse amount of randomized trial research that is done with this population. A majority of the studies presented in this literature review were qualitative in nature and while that does provide useful and important information for the field of counseling it does leave some gaps. To illustrate the point of a lack of more quantitative research take for example the Karatzias et. al., (2019) research. It is considered to be

one of the first-ever randomized control trials with a focus on discovering the efficacy of using EMDR as a treatment modality with individuals who have a dual diagnosis of PTSD and IDD. Further, the case study conducted by Fernando and Medicott (2009) involved utilizing a modified version of CBT to treat a client with this dual diagnosis. This study showed promising results when utilizing an adapted form of CBT to work with this client as there was a marked reduction in PTSD symptomology. However, the results of this study are hard to generalize and furthermore are quite dated. Despite the promising results, this study has not been replicated or expanded upon. In essence, there is a concerning lack of experimental studies that have been conducted with this demographic that not only limit the availability of research on best practices but also inhibit the growth of new counseling professionals.

Literature Review Final Thoughts

The aim of this literature review was to highlight the niche demographic of individuals with a dual diagnosis of PTSD and IDD in an effort to discover areas that would be necessary to cover when creating a training program to teach clinicians to work with these individuals. This was achieved by examining the current literature on definitions of these diagnoses, prevalence of this dual diagnosis, current treatment trends, the importance of the therapeutic alliance when working with this niche demographic, and trends in assessment. There is a growing body of literature that suggests the field of counseling is heading in a direction that will promote better care of individuals within this demographic. CBT, TF-CBT, and EMDR appear to be the most effective treatment options. Further, there is a similar amount of prevalence of PTSD among individuals with IDD as those in the general population suggesting this is an area that warrants further research; and there are tools that are being psychometrically examined to ensure they are appropriate for use with this demographic.

In spite of the growing trend toward examining this niche there are still some concerning gaps in the current body of available literature. One such area comes from a lack of understanding when it comes to integrating best practices into practical work and by extension integrating the available knowledge of best practices into the education of counseling students. Further, there is some concern that much of the research on this demographic is lacking in generalizability given the focus on more qualitative data-gathering methods. Overall, there is a promising amount of research concerning the treatment of individuals with a dual diagnosis of PTSD and IDD, however, there are some gaps in the field that should be critically examined over the coming years. Further, this body of collected research provides a significant foundation for the creation of a program designed to train current and future counselors in important aspects of working with this niche demographic. These foundational elements include aspects such as definitions of the diagnoses, how these diagnoses interact with one another, the best possible treatment modalities, trends in assessment, and the importance of the counseling relationship.

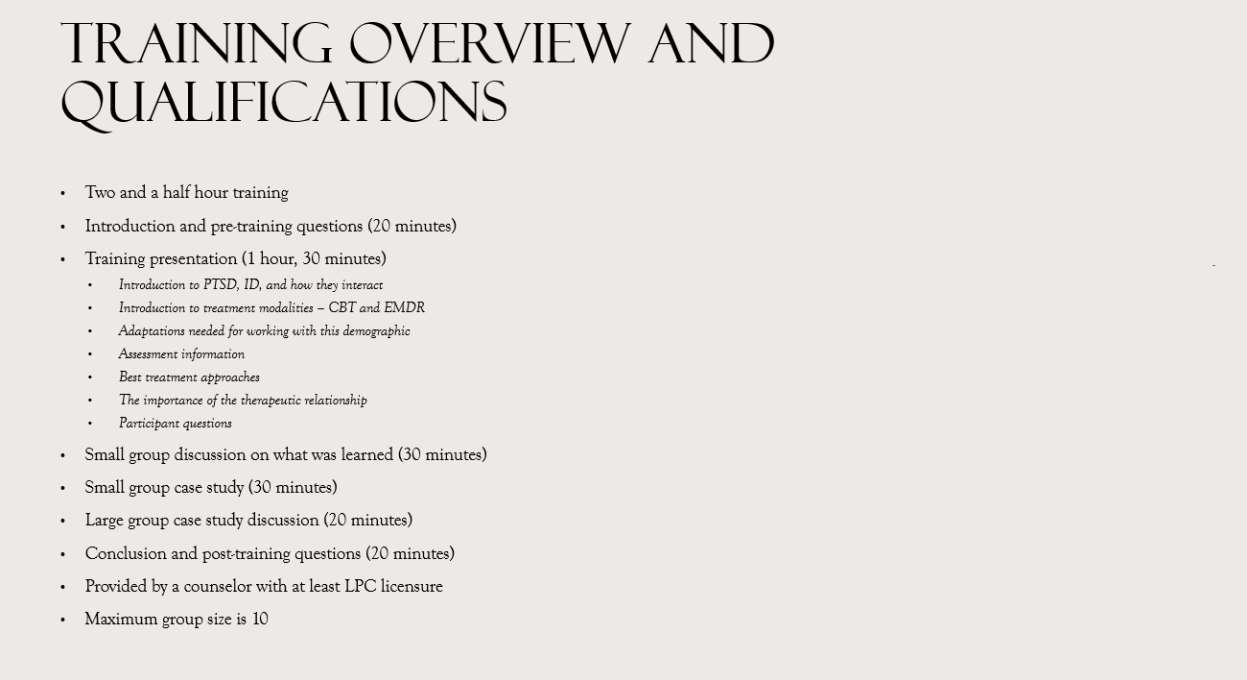
An Overview of Counselor Training

This is a training that is intended to introduce counselors and other helping professionals to the concept of the dual diagnosis of PTSD and IDD. The training is intended to take place in a private practice or community setting with a maximum group size of ten participants and one facilitator. The training will cover a variety of topics intended to provide participants with a broad and holistic overview of this demographic. It will begin with an introduction to each diagnosis independently followed by a discussion of how these diagnoses interact. Then, the participants will be introduced to the two major treatment methods that can and should be utilized with this group in CBT and EMDR. In the training, counselor considerations for working with this demographic and the importance of the therapeutic relationship will be given special

attention as these factors are critical to treatment success. It should also be noted that collaboration is encouraged in this training through the case study, group work, and open time for participant questions. The goal of this training is to introduce these topics to the participants, and it is the group work that will encourage them to take what they have learned into their own practice.

Additionally, this training is important as it aligns with what is now becoming the fifth force in counseling in social justice and advocacy (Nanchatsan, 2018). As was mentioned earlier and throughout this paper there is a distinct lack of awareness of this dual diagnosis. This lacking knowledge is present not only on the research side of counseling, but also in how what is presented in the research is implemented into practice with clients. It still remains that the primary goal of this training is to provide knowledge and resources to helping professionals. Secondarily however, the goal of this training is to add more fuel to the fifth force of counseling and provide a voice to individuals with this dual diagnosis as such individuals, specifically individuals with disabilities, are often left out of the conversation of multicultural counseling.

Training Presentation for Working with IDD and PTSD

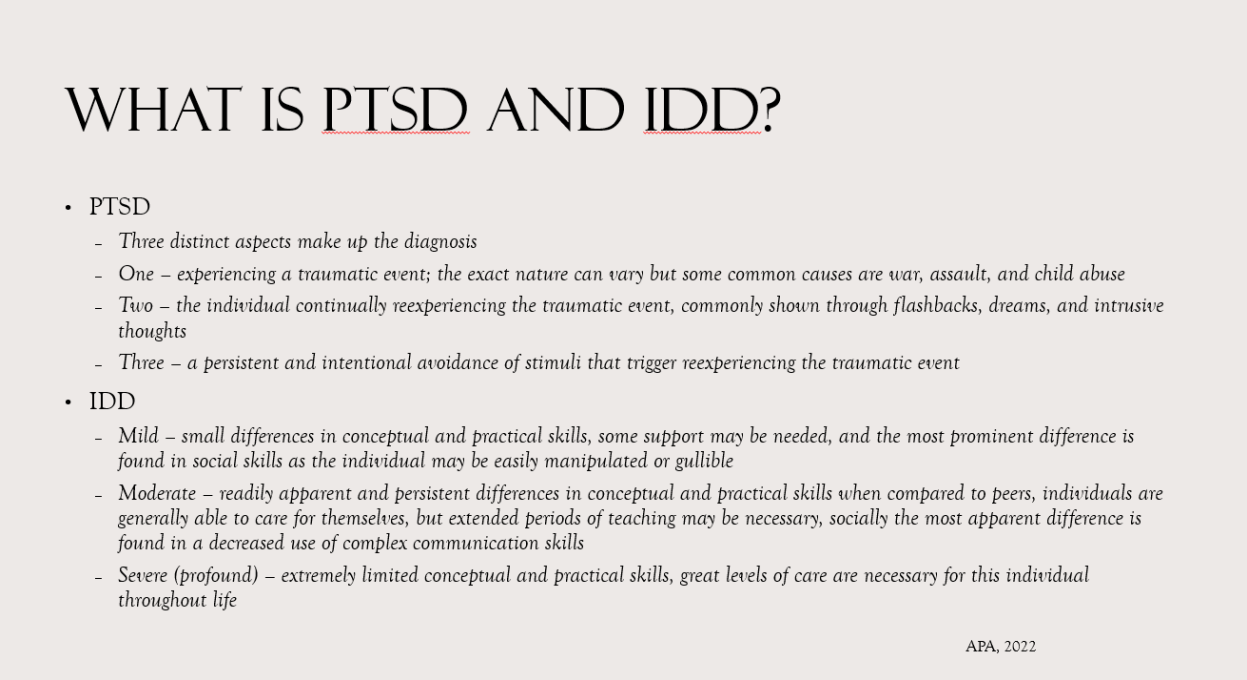


Presenter Notes

The above information is primarily for the facilitator(s) of the training to better plan the event. However, a rough schedule should also be given to anyone interested in the training as well as anyone who chooses to attend the training. Further, it should be noted that the facilitator of this training must have at a minimum LPC licensure or equivalent.

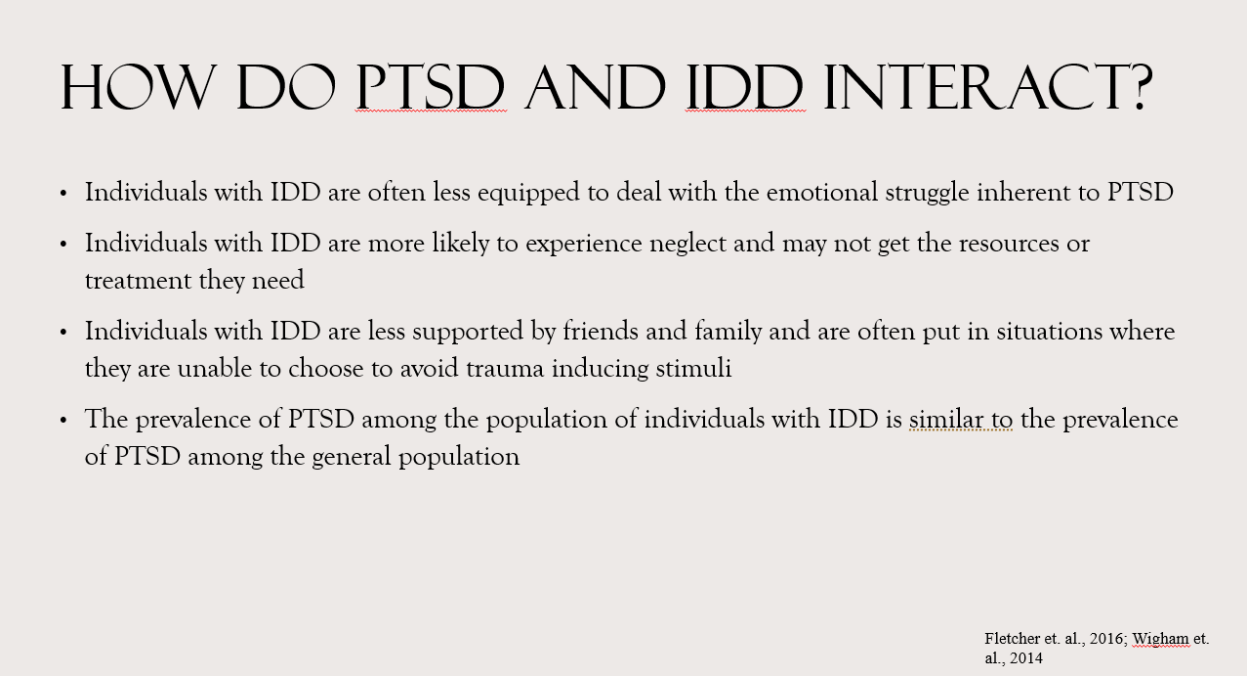
Presenter Notes

This is the beginning of the training proper. The facilitator should introduce themselves to the participants. At the facilitator's discretion this time could also be used to encourage the participants to introduce themselves as well as they will be collaborating in small groups later in the training. Finally, during this step the facilitator should give each participant the questions listed above. These questions do not necessarily need to be returned or discussed; they are simply meant to prime the participants.



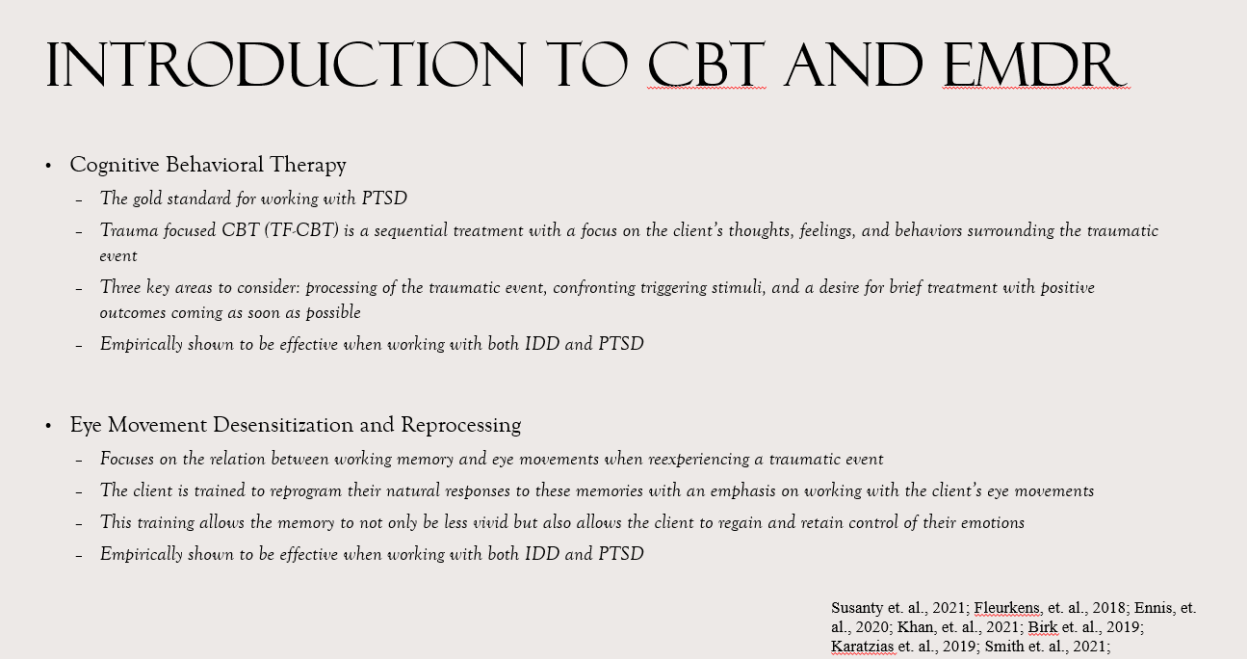
Presenter Notes

This section serves as a basic introduction to both PTSD and IDD. The specifications on each disorder are taken from the DSM-5-TR. Each qualifier for the disorder should be explained sequentially, and it should be stressed that PTSD requires all specifiers to be present whereas IDD is diagnosed on three different levels. At the facilitator's discretion, or if a question comes up, more specific examples of the criteria should be given (APA, 2022).



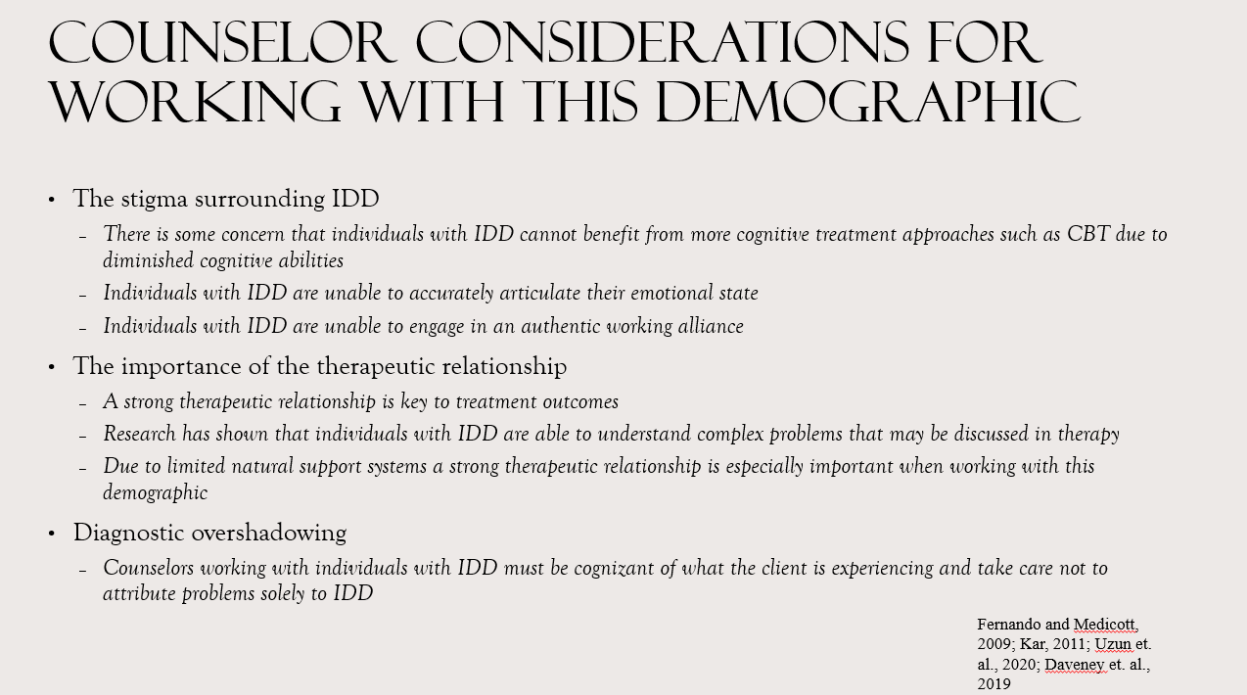
Presenter Notes

The focus of this section is to highlight the ways in which PTSD and IDD interact with one another. The presenter should discuss that these diagnoses do not occur in isolation. One key point to make here is that the prevalence of PTSD among individuals with IDD is highly comparable to the general population. Further, individuals with IDD have, generally, less protective factors to generate resilience and deal with traumatic events (Fletcher et. al., 2016; Wigham et. al., 2014).



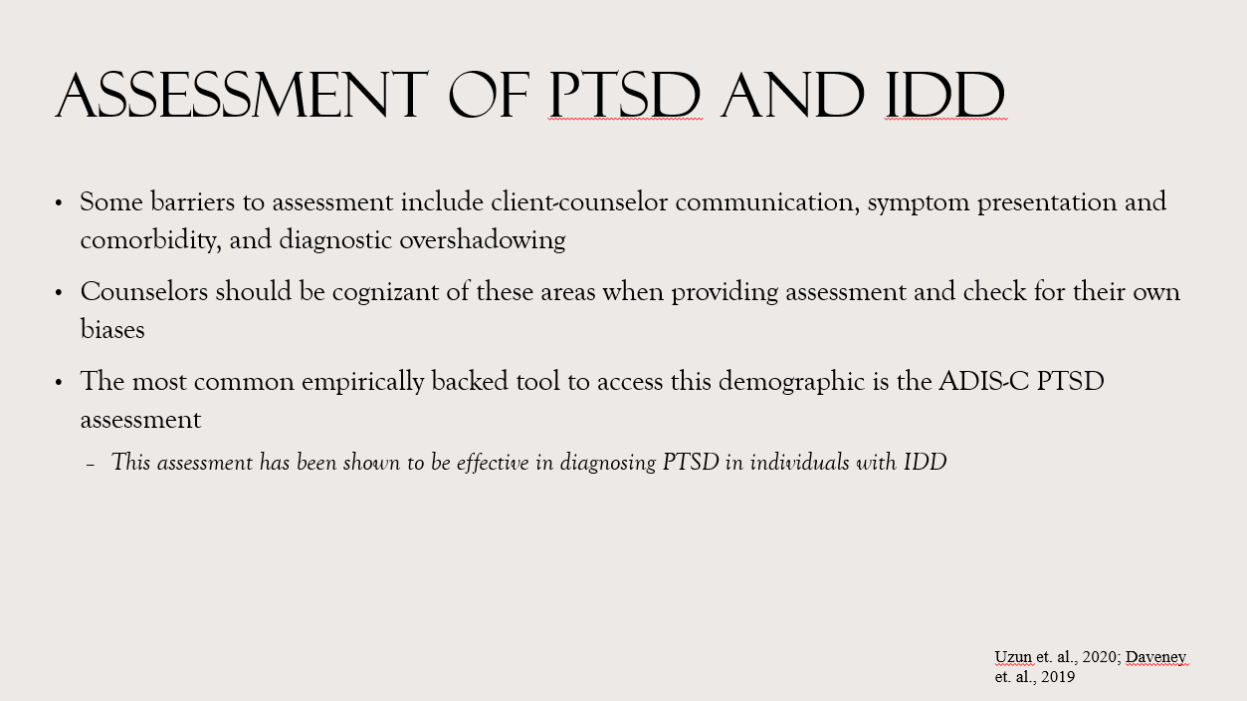
Presenter Notes

This section focuses on introducing the group to the two main methods used to work with this demographic, CBT and EMDR. The presenter should focus on the core of each modality presented within the first two bullet points of each section. Further, the empirical evidence cited can be found within the Birk and Smith references for CBT and EMDR. Finally it is important to note that EMDR should not be administered without proper training in that modality specifically. Presenters are encouraged to familiarize themselves with EMDR training opportunities in their area to include as resources for their participants (Susanty et. al., 2021; Fleurkens, et. al., 2018; Ennis, et. al., 2020; Khan, et. al., 2021; Birk et. al., 2019; Karatzias et. al., 2019; Smith et. al., 2021).



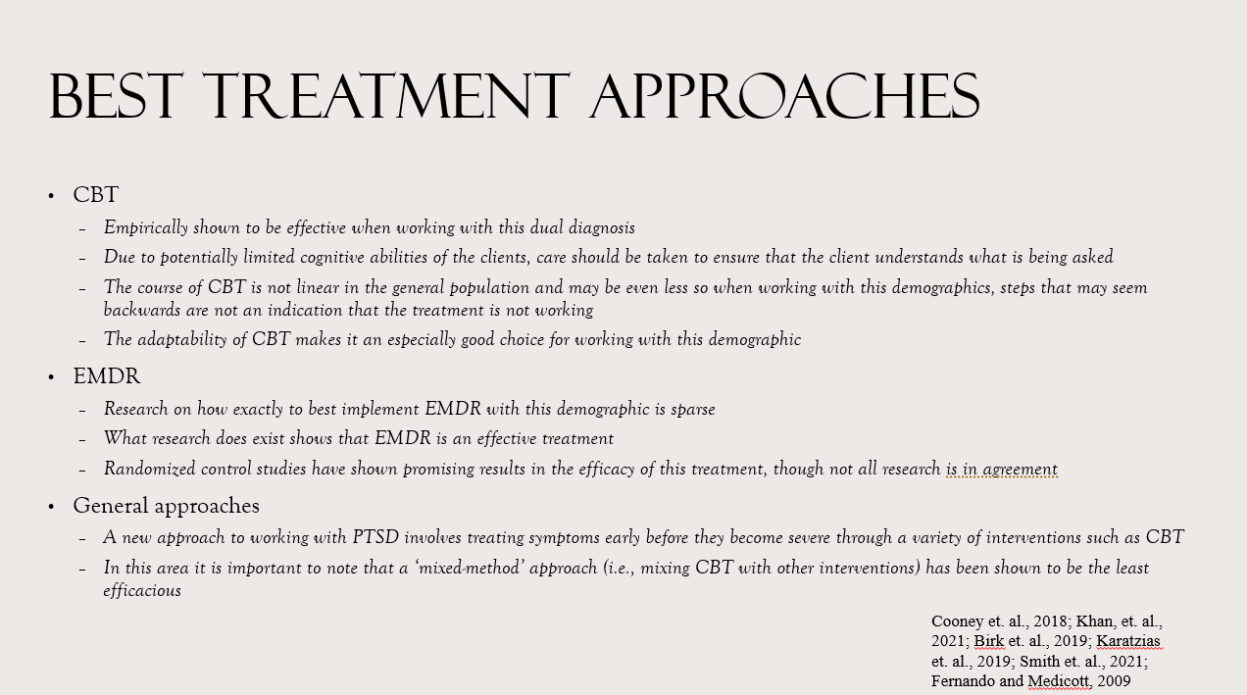
Presenter Notes

This step of the presentation focuses on some issues unique to working with this demographic. Specifically, the stigma surrounding IDD as it pertains to helping professionals should be stressed. It is also critical that the idea of diagnostic overshadowing be introduced to the participants. One consideration for the presenter is to allow time for participants to discuss their own feelings about IDD either in small groups or as a large discussion (Fernando and Medicott, 2009; Kar, 2011; Uzun et. al., 2020; Daveney et. al., 2019).



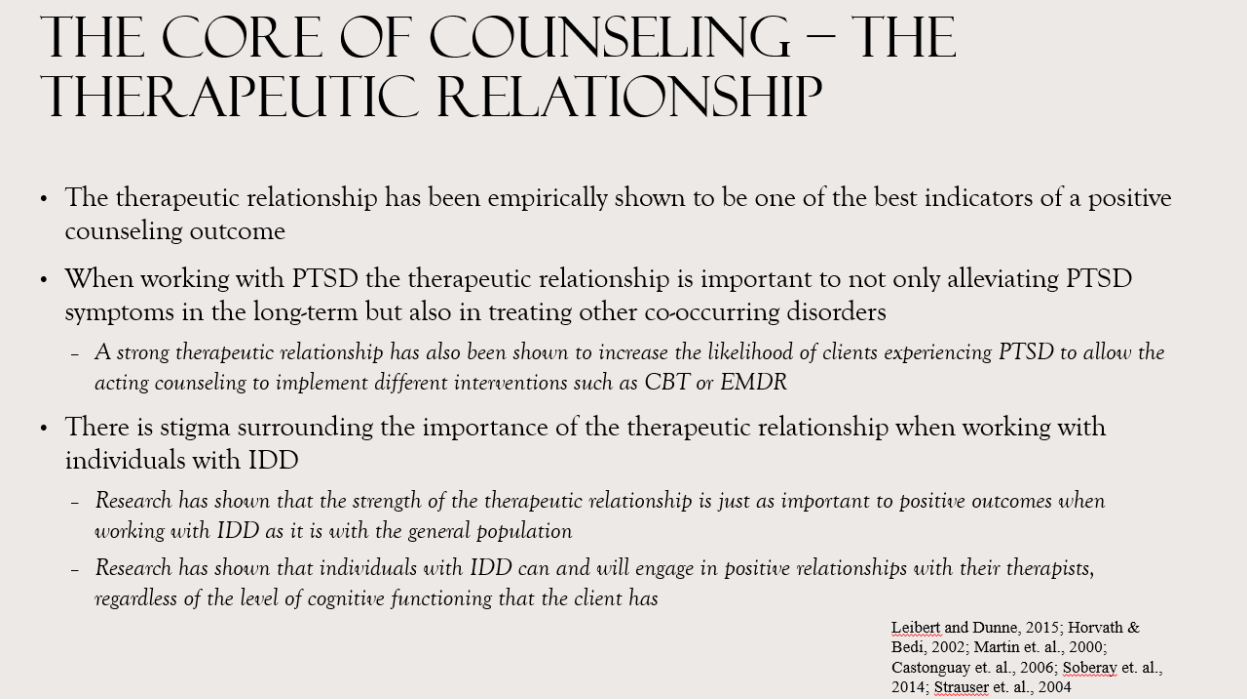
Presenter Notes

This section focuses on introducing a tool that the participants can use when working with an individual with a dual diagnosis of PTSD and IDD. Again, the idea of diagnostic overshadowing and the way these symptoms can present should be discussed thoroughly. The information on the ADIS-C PTSD tool mentioned can be found in the Daveney study (Uzun et. al., 2020; Daveney et. al., 2019).



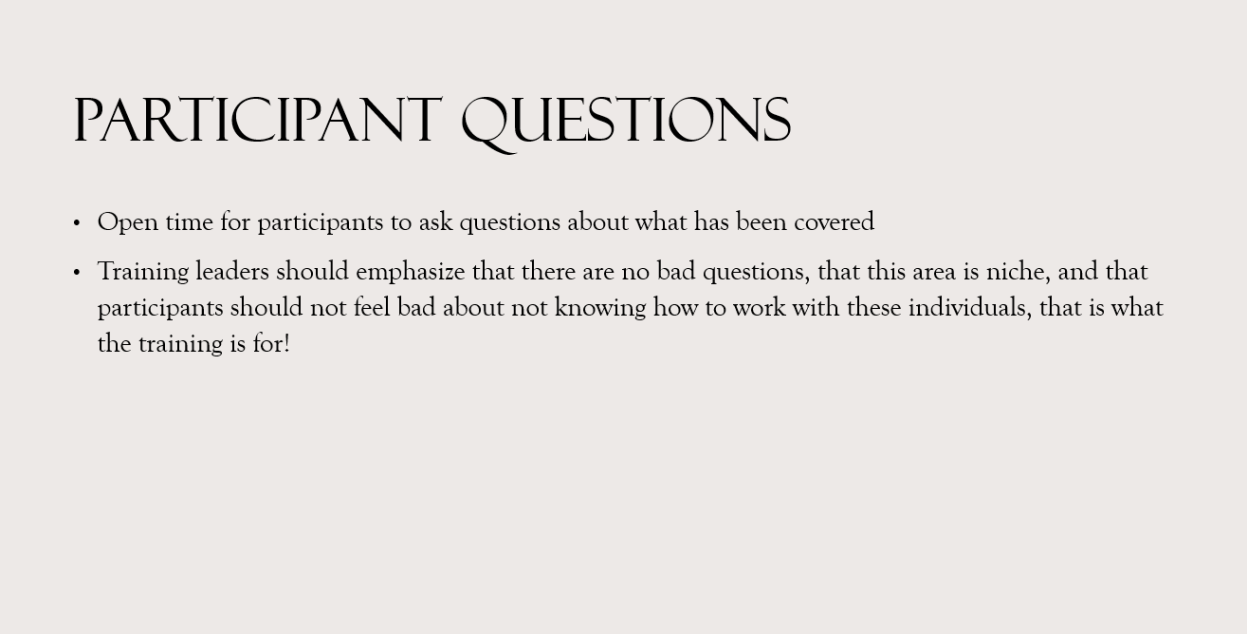
Presenter Notes

At this point in the training the best treatment approaches for working with this demographic will be highlighted. CBT should be stressed as the most effective treatment, particularly as its high adaptability allows it to be shaped to match the intellectual capabilities of a given client. EMDR, while effective, is not as well researched as CBT and there are intensive training requirements. Furthermore, the importance of attempting to catch PTSD symptomology early should be discussed alongside the ineffective nature of a 'mixed-methods' approach to treatment (Cooney et. al., 2018; Khan, et. al., 2021; Birk et. al., 2019; Karatzias et. al., 2019; Smith et. al., 2021; Fernando and Medicott, 2009).



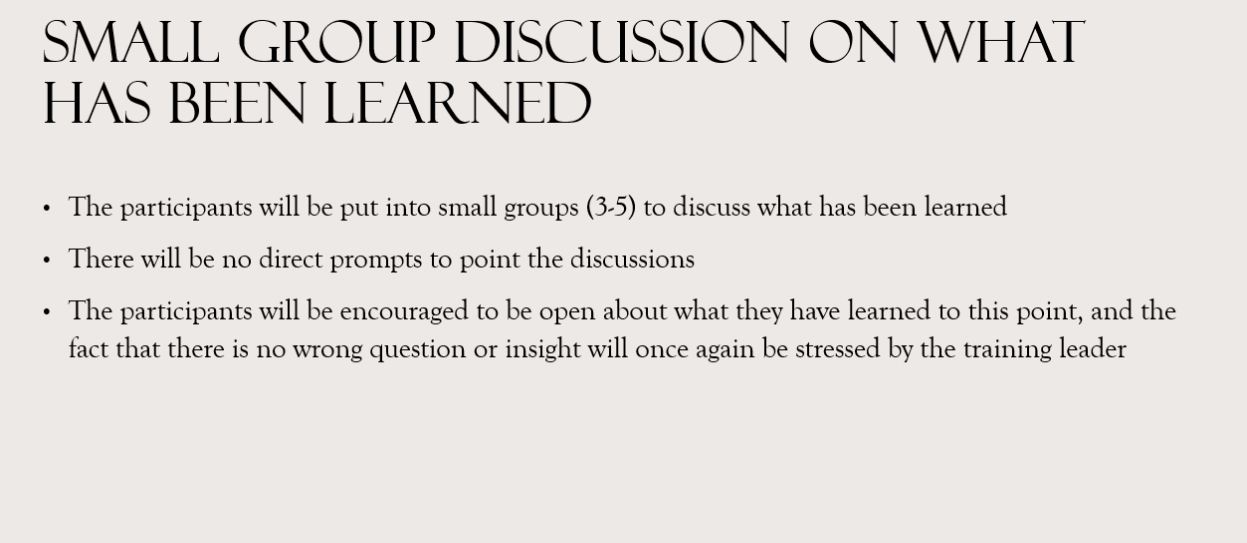
Presenter Notes

The therapeutic relationship is given its own section because it is perhaps the most vital element of successful treatment. This opportunity should be taken to again highlight the stigma within the counseling community surrounding those with IDD. At the discretion of the presenter this may be another opportunity to challenge participants to think about their own presumptions about clients with IDD (Leibert and Dunne, 2015; Horvath & Bedi, 2002; Martin et. al., 2000; Castonguay et. al., 2006; Soberay et. al., 2014; Strauser et. al., 2004).



Presenter Notes

This is a large group discussion where participants are encouraged to discuss anything that has been covered to this point. The presenter should take care to remind participants that this is a niche demographic that most people do not have much knowledge of. As such, there are no bad questions!



Presenter Notes

The presenter will break people into groups of 3-5. There are no prepared prompts for this section, and group members will be encouraged to have an open discussion. Should prompts be necessary, some to consider would be: What has been most surprising to this point? What have you learned about working with this demographic/about yourself?

SMALL GROUP CASE STUDY

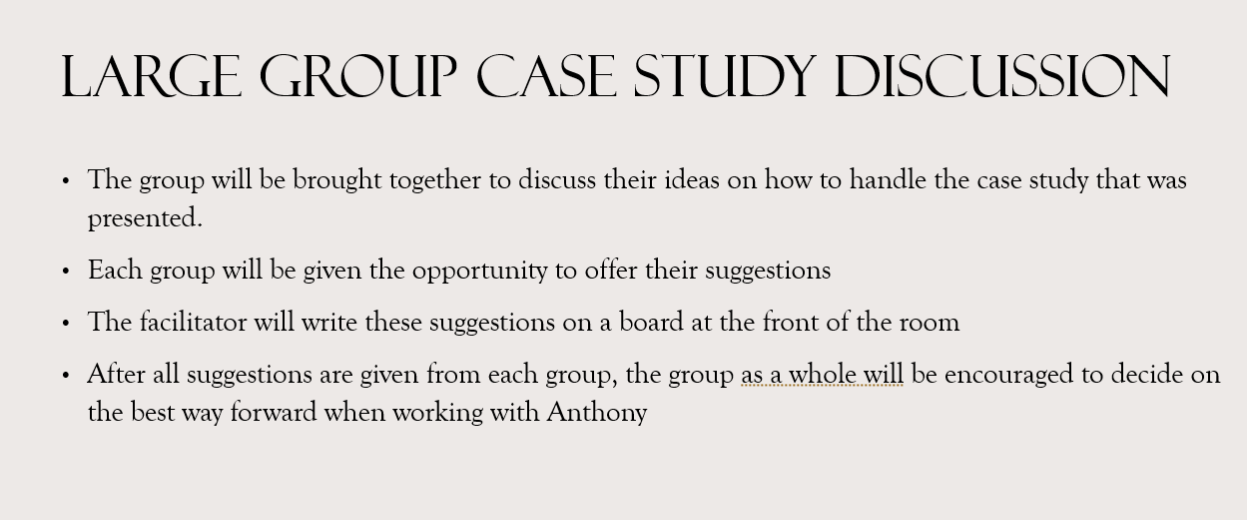
- In the small groups from the previous step the participants will be given a case study to review with three core questions
  - *What problems is this client experiencing?*
  - *Based on what you have learned in this training, how would you work with this client?*
  - *Is this case beyond your scope of practice, if so, what additional resources may be needed?*

CASE STUDY EXAMPLE

Anthony is a sixteen-year-old Caucasian male that has been referred to your agency for individual counseling sessions. Anthony presents as well groomed and appropriately dressed for the occasion. During the intake Anthony mentions to you that he has been diagnosed previously with moderate intellectual developmental disorder at the age of six. Anthony is comfortable with this IDD diagnosis and states that he feels supported in school and is doing well. Anthony reports that he does not have any close friends in school and that he is often the target of bullies. This was not always a problem, but Anthony feels that he has had a more difficult time relating to other people after he experienced a sexual assault last year. When discussing this assault, Anthony does not wish to name his attacker, but only states that it was someone close to him. Since the assault Anthony has been unable to sleep more than six hours a night (usually 3-4) and he has avoided all interactions with his extended family. Further, Anthony reports that he often has dreams about the assault and has difficulty getting the incident off of his mind, stating that he often "relives" the assault at different points, often multiple times a week. Anthony reports no history of substance abuse, has not had any meaningful employment to this point, and has no medical issues outside of his diagnosis of IDD and currently is taking no medications. At the end of the intake Anthony reluctantly mentions that he does have occasional thoughts of hurting himself, but that he has no definite plan or intent to act on these thoughts.

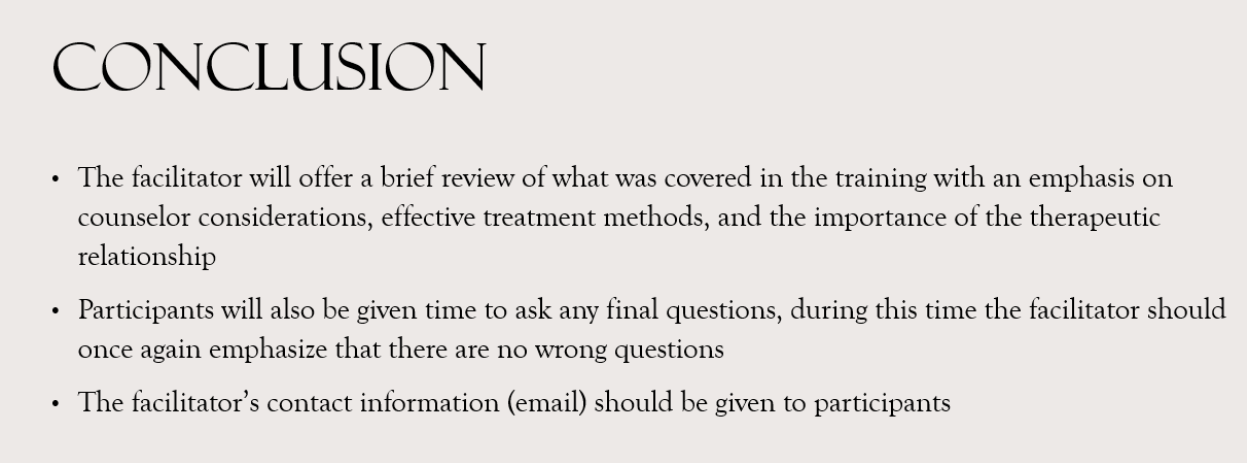
Presenter Notes

The groups from the previous step will be presented with the above case study alongside the three questions provided. The groups will be encouraged to discuss each of these questions and begin work on a rough treatment plan. It should be stressed that these answers and the treatment plan are not expected to be perfect. The example case study may be used. Details can be modified at the discretion of the presenter.



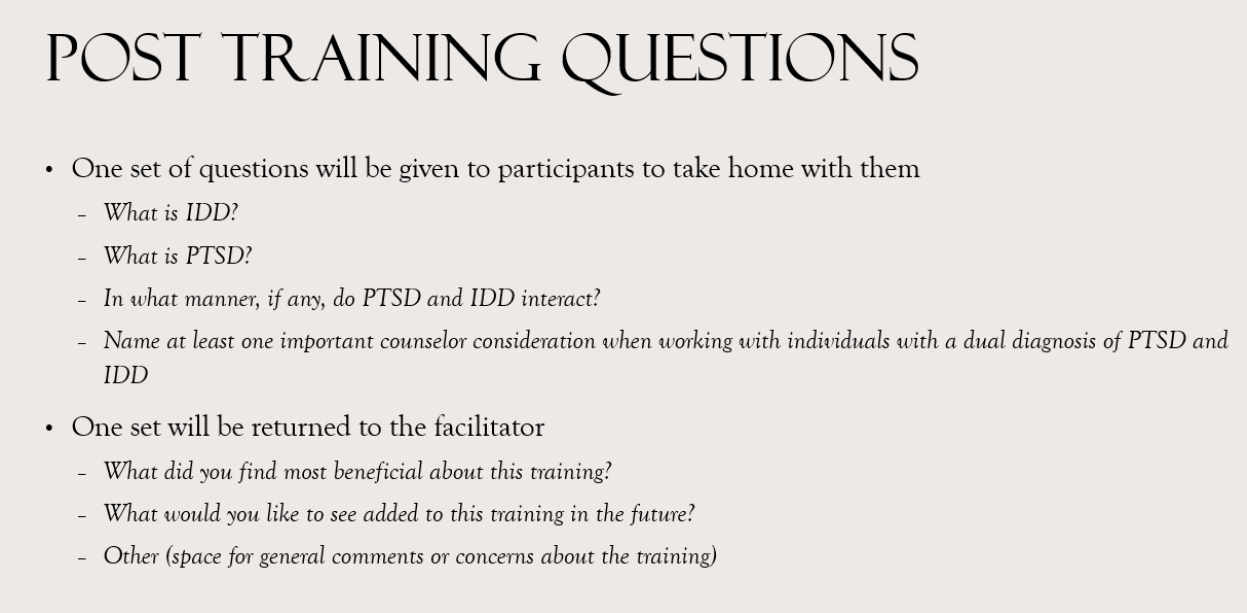
Presenter Notes

The groups will be brought back together and each group will be asked to discuss their answers to each question. These answers will be written on a board by the facilitator. After all suggestions from the individual groups have been given the group as a whole will be asked to discuss how they plan to move forward working with the case study subject.



Presenter Notes

At this time, the facilitator will offer a brief review of what has been covered, emphasizing counselor considerations, effective treatment methods, the therapeutic relationship, and the interplay of these diagnoses. The participants should be given time to ask any final questions. Further, the facilitator should offer some form of contact to the participants (i.e., email).



Presenter Notes

The facilitator will give each participant two sets of questions. The first which the participants may take with them will focus on reviewing what has been learned so far, for example, the criteria for the diagnoses, how they interact, important counselor considerations etc. The second set of questions should focus on the participants' feelings toward the training and give them opportunities to provide feedback on the training.

Conclusion

The core purpose of this paper was to highlight a little-known demographic in individuals with a dual diagnosis of PTSD and IDD. A literature review was first used with the goal of providing an empirical backing for the content of the training manual. The literature review explored each diagnosis in detail, discussed counselor considerations for working with these diagnoses, highlighted available treatment and assessment options, and outlined areas in which research was lacking. With this backing in mind the training manual was developed. The training covers both diagnoses individually, how these diagnoses interact, counselor considerations for working with this demographic, and best treatment approaches. The tenants of counselor considerations and the therapeutic relationship are given special emphasis as they are especially important to positive treatment outcomes. Further, group work and collaboration is encouraged to allow participants to take what is learned in the training into their own practices in the future.

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