



Helping Adults with Intellectual Disabilities through Trauma-informed Treatment

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by **Trista Moxley**

A UNT professor is working to help adults with intellectual disabilities, who may not be able to verbalize their feelings, through trauma-informed research and treatment plans.

Joe Dracobly, director of the [Behavior Analysis Resource Center](#) and assistant professor of behavior analysis in the [College of Health and Public Service](#), is working to establish physiological and behavioral signs of trauma responses in adults who cannot verbally express what they’re feeling. Through the center, he leads a team of students and professionals who treat residents at the Denton State Supported Living Center.

“Because of the nature of traumatic events, one experience can have a long-lasting impact and really degrade someone's quality of life,” Dracobly says. “They withdraw from relationships. They withdraw from enjoyed activities. They stop wanting to be around things that were pleasant to them before. This population in particular is one of the most underserved and unrecognized populations in the world. They are a member of our community that is suffering and often suffering in silence.”

Treatments that allow patients to address traumas they’ve suffered offer a greater quality of life and more independence, which could create more opportunities for them to have better interactions within their community.

“We started to recognize that there’s more here, where a single event produces a really long-term behavior change,” Dracobly says. “Common medical and dental procedures like a teeth cleaning or having blood pressure taken – or even just a blood draw – are relatively minor, but someone has a bad dental visit and they don't want to go back at all. Some people with intellectual disabilities can't explain to us what was bad: was it painful, was it scary, was it loud? They can't tell us what happened and how they were effected.”

Dracobly and one of his students, Elizabeth Houck, began looking at identifying physiological responses using a wearable heart monitor that indicated an unusual stress response, and behavioral indicators, like reduced interest in preferred items and activities, working to find consistent markers that would help them identify when someone was experiencing a trauma response without needing the patient to explain their feelings.


Identifying the physiological and behavioral indicators could also allow clinicians to identify traumas early on and allow interventions before small problems become major behavior issues.

“We can mitigate the likelihood these experiences will have long-term effects,” Dracobly says. “It's probably going to be traumatic in the moment, but we don't want it to be traumatic for the next 35 years.”




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 **Hurley Administration Building**

 1155 Union Circle #310979
Denton, TX 76203

 UNTResearch@unt.edu

 940-369-7428

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