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**Book review of: Trauma and Intellectual Disability: Acknowledgement, Identification and Intervention. Edited by N. Beail, P. Frankish & A. Skelly. Pavilion Publishing and Media Ltd; 2021. ISBN: 978-914010-59-0**

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It has long been recognised (though unfortunately not long enough) that there are high rates of trauma within society, the effects of which have far reaching consequences on many different levels. This understanding has been influential in driving healthcare services to provide what has become known as “trauma informed care”, which represents a shift in how we interact with our service users. For example, we are moving away from questions such as, “What is wrong with you?” and “What is your problem?” to “What has happened to you?”, “What have you had to do to survive?” and “How have you made sense of your experiences?”. This has also provided us with a greater understanding of how some individuals can find interventions ineffective or be retraumatised by the very care that we provide in an effort to help and alleviate their suffering. As this book points out, services for people with an ID have only recently accepted the need to provide trauma informed care, with many grappling with how this can actually be implemented in practice. Indeed, the editors explain the aim of this book is to address this gap and act as a guide demonstrating how services for people with an ID can work in a trauma informed way.

The initial chapters, one to four, of this book present the historical and current thinking on how the impact of trauma in people with an ID has been conceptualised. In doing so, this helps set the scene for why this approach to care is needed in this population. Many of the authors who have contributed to the book apply a developmental understanding of trauma, with the effects of exposure to traumatic experiences viewed as manifesting across the individual’s lifespan and in a range of daily domains, rather than a single isolated event. The prevalence rates of experiencing traumatic life events are discussed, demonstrating how it is more widespread in people with an ID compared to the general population, and as such, why this group may need additional support. This is poignantly illustrated in chapter two by an individual account of a person with an ID describing the challenges he has faced in life and what he thinks needs to change. Not only does this help highlight the relevance, necessity, and urgency of providing trauma informed care in this population, but it stirs a powerful feeling in the reader that can often only come from hearing from those with lived experience. The only shame is that we do not hear more from service users throughout the

book in their own words, although authors generously reflect on their experiences and provide case vignettes illustrating concepts in practice.

From chapter five onward, the book focuses on how services for people with an ID can deliver trauma informed care, often grounding this within NHS settings and key policies. This includes how to facilitate and recognise when clients are communicating verbal and non-verbal signs of trauma, develop formulations in those presenting with different levels of disability, deliver psycho-social and behavioural interventions and undertake evaluations. This is alongside authors reflecting on the impact of trauma informed care on staff, caregivers and family, and related training, support and developmental needs. In other words, the book promotes the approach of providing trauma informed treatments within trauma informed services. The book draws upon and benefits from the professional and personal experiences of a number of experts in the field of ID. As is important when implementing any change, the authors consider the potential barriers to altering practice within and across the different layers of health and social care, from the individual to organisational structures.

While I imagine this book will more likely be read by practitioners from the field of psychology - and the lack of representation of authors from other disciplines typically involved in caring for this group may dissuade some potential readers – it will also be of interest and value to anyone working with people with an ID who want to deliver trauma informed care – which should be everyone! What is noticeable is the lack of empirical findings cited by the authors, which reflects the limited large-scale research examining psychological therapies in people with an ID, especially research focused on trauma-specific treatments. I believe that this book will help mobilise those caring for people with an ID to implement ideas presented. This includes evaluating the impact of trauma informed care on patients, carers, and staff, as well as on organisational and societal processes. Then, as readers take on this mantle, in a few years, perhaps an updated version will be needed encompassing “acknowledgment, identification, intervention and evaluation”.

About the author and conflict of interest:

Dr Gregg H. Rawlings is a Clinical Psychologist working at a community health service for adults with an ID in the NHS. He is also a Lecturer in psychology at Nottingham Trent University, UK. Dr Rawlings has published a number of articles investigating adults with an ID with one of the editors, Professor Nigel Beail, and is currently managed by Prof. Beail.