Original Article

Darryl, a cartoon-based measure of Post Traumatic Stress Disorder in persons with Developmental Disabilities

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ABSTRACT

Objective: To assess the reaction of persons with developmental disabilities to posttraumatic stress disorder using Darryl, a cartoon-based measure of cardinal symptoms of posttraumatic stress disorder (PTSD).

Method: We measured persons with developmental disabilities manifesting continuing emotions and behavioural difficulties following PTSD in the Cambridge community through the reports of patients and their parents and then administered Darryl to a sample of 46 persons who have suffered trauma.

Results: Darryl’s reliability is excellent overall and is acceptable for the re-experiencing, avoidance and arousal subscales. PTSD was the primary diagnosis in 35 (11 persons) of the overall referral group, and was the only diagnosis in 11 persons (3%).

Conclusions: Individuals with developmental disabilities who have suffered trauma may develop PTSD. It is possible to diagnose PTSD in these individuals using Darryl, a cartoon-based measure of PTSD. (Rawal Med J 2005;30:71-73).

Keywords: PTSD, trauma, developmental disabilities.

INTRODUCTION

Posttraumatic stress disorder (PTSD) is estimated to occur in 1% of the general population and in 3.5-23.6% of persons exposed to trauma. It has been suggested that PTSD is not a rare condition in the general population and is associated with a wide variety of other psychiatric conditions. People with developmental disabilities are more likely than non-disabled persons to be abused physically, emotionally or sexually. Individuals victimised sexually are more likely to be victimised by multiple perpetrators. In one population of state hospitals
psychiatric patients more than half had been sexually abused, and of these 61% met criteria for PTSD though none had received that diagnosis. Mental health providers were strongly recommended to make routine inquiries regarding childhood abuse histories.

Darryl covers the full range of DSM-IV PTSD symptoms and was expressly designed to accommodate the numerous form of community violence. Darryl is intended both as a measure, in its own right, of the frequency of the posttraumatic symptoms and as a possible screening instrument to identify persons with a high probability of meeting the DSM-IV diagnosis of PTSD. There has been no systematic study of PTSD in persons with developmental disabilities and standardised tests suggested to use with this population do not measure for PTSD.

MATERIALS AND METHODS

The author was involved with an on site consultation service at Department of Learning Disabilities and Developmental Psychiatry, University of Cambridge UK, which provided psychiatric, behavioural and medical consultation to persons with developmental disabilities who omit complicated behaviour. The referral base included persons with developmental disabilities in the Cambridge area living in the community settings throughout the region and had a wide variety of economical and cultural backgrounds. Referrals originated from case managers, physicians, developmental disabilities and mental health professionals, families, lay staff and general practitioners.

The PTSD diagnosis has two key components: the occurrence of a traumatic event (criterion A) and its symptomatic sequelae (criteria B-D). Symptoms must persist beyond one month (criteria E) and cause clinically distress or social impairment (criterion F). Majority of cases were detected upon routine initial psychiatric interview. In few cases trauma was measured with a modified version of Things I Have Seen and Heard (TSH-M). This instrument is an event check list that establishes the frequency with which the person has witnessed or been directly victimised by the acts of violence (eg., “seeing a dead body,” “been stabbed”).

PTSD was measured using Darryl as an instrument. Darryl contains 19 items, divided into re experiencing (7 items), avoidance/affective blunting (7 items), and arousal (5 items). DSM-IV describes 5 types of re experiencing symptoms, all of which are included among Darryl’s 7 items. Nightmares specifically about the event, represents one of the DSM-IV’s re experiencing symptoms. The cartoons feature Darryl, an 8 or 9year old boy of indeterminate ethnicity, with each cartoon depicting a PTSD symptom. For each cartoon, the interviewer reads a script describing the symptom content. The response choices and there scores are “never” (0), “some of the time (1), and “a lot of the time” (2). The script vocabulary and the visual nature of cartoon material make Darryl suitable for persons with developmental disabilities. Darryl’s wording easily accommodates multiple traumatic exposures. Several DSM-IV PTSD symptoms reflect socially undesirable feelings and behaviours, such as irritability. Cartoons pertaining to such symptoms are placed towards the end of Darryl. Darryl’s over all reliability (19 items) and the reliability of re experiencing, avoidance and arousal sub scales considered separately are adequate to excellent (a=0.92, 0.78, 0.83 and 0.80 respectively).
Results

Of 305 consecutive persons seen, 46 persons met Darryl’s criteria for PTSD. Almost all of the 305 persons in the referral population had suffered significant abuse or trauma, thus suggesting that approximately 15.1% of persons in this group who suffered severe trauma developed PTSD. Trauma in this sample most frequently included sexual abuse by multiple assailants (starting in childhood), physical abuse that was commonly the cause of the person’s cognitive deficits, or life threatening neglect combined with some other active abuse or trauma. There were 65% women, 34% men. The average age was 33 (in the overall 305 the average age was 36) and the average degree of learning disability was of moderate range, which matched that of the overall referral group. PTSD was the primary diagnosis in 34 (11%) of the overall referral group, and was the only diagnosis in 11 persons (3%).

Most common prior psychiatric diagnosis were “no diagnosis” or schizophrenia. Other more common diagnosis included autism and intermittent explosive disorder. Less common prior diagnosis included affective disorders, organic personality disorders, adjustment disorders, atypical spectrum disorders and schizoaffective disorder. One prior diagnosis each of antisocial personality disorder, borderline personality disorder, and trichotillomania had been described.

In about half of the cases someone working with the person knew the traumatic event. In no cases had the diagnosis of PTSD been considered. The most common co-morbid psychiatric conditions diagnosed (usually revising the prior diagnosis) when PTSD was identified included major depression (18), followed by 4 cases of complicated grief reaction. Conditions seem in 3 persons included schizophrenia, autism, bipolar affective disorder, dissociative disorders, multiple personality disorders, substance abuse disorder and Asperger’s syndrome.

In this sample 65% of the people also suffered with a medical illness, which would be expected to precipitate psychiatric symptoms.

DISCUSSION

Although traumatic stress disorders have been known for centuries, diagnostic criteria were not firmly established until DSM-III was published in 1980. It is interesting historically that the Greek writer Herodotus described the case of a Greek soldier who became blind while fighting the Persians in 480 B.C., even though he experienced no physical injury. Posttraumatic stress disorder has very likely been present in large numbers of people, as modern warfare has become more efficient and horrifying. It was not until the Vietnam conflict that the disorder received broad medical and media attention.

In the majority of cases the diagnosis can be suspected from routine questions on psychiatric interviewing (of the individual and those who know the person well). Sadly PTSD is usually denied with the recital of common myths regarding persons with developmental disabilities. Examples of these myths include: persons who do not use speech cannot be diagnosed, persons with developmental disabilities do not really suffer after trauma, developmentally disabled persons “forget” trauma, or persons with developmental disabilities are not capable of emotional insight.
It is the limitation of this study that the sample is drawn from a referral population and may not accurately represent the general population of persons with developmental disabilities. More work is needed to determine increased understanding of the incident and frequency of this condition in the overall population of persons with developmental disabilities. It is recommended that mental health professionals routinely include questions regarding trauma, abuse, sleep problems, dissociative phenomena and self-image. This in conjunction with record review, staff observations and investigative tools such as Darryl may detect the majority of cases of PTSD in this population.

REFERENCES