

The Road to Recovery:
Supporting Children with IDD Who Have Experienced Trauma

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Module One: Setting the Stage
 Module Two: Development, IDD & Trauma
 Module Three: Traumatic Stress Responses in Children with IDD
Module Four: Child & Family Well-Being & Resilience
 Module Five: IDD- & Trauma-Informed Services & Treatment
 Module Six: Provider Self-Care

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Self-Care Alert!

- Step out and take a break.
- Talk to someone you trust.
- Do something relaxing.

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Module Four: Learning Objectives

What Will I Learn Today?



1.	Explore the impact on parents/caregivers of learning about their child's traumatic experience.
2.	Explain strategies for strengthening protective factors to enhance child and family well-being, resilience and recovery.
3.	Describe frameworks for promoting a healing and protective environment in order to create a safe and meaningful life for children.
4.	Identify family-informed, child-centered planning techniques to help children realize their hopes and dreams.

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The Challenge for Parents/Caregivers

- ❖ Feelings of Inadequacy/ Not Knowing What to Do
- ❖ Grief & Loss
- ❖ Strain on Relationships
- ❖ Anticipatory Anxiety
- ❖ Secondary Traumatic Stress
- ❖ Stress due to ongoing needs of children that may continue into adulthood



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Potential Impact on Siblings



- ❖ High levels of empathy & altruism—sibs can be an ally
- ❖ Increased sense of maturity & responsibility
- ❖ Resentment of time given to sibling with IDD
- ❖ Regression in behavior development
- ❖ Extremes in behavior (e.g., acting out or perfectionism)

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Protective Factors

Ask & Answer Parents/Caregivers' Questions	Help Families Navigate Systems of Care, including systems challenges
Promote Family-Informed Child-Centered Planning	Help Families Access IDD- & Trauma-Informed Support & Services
Provide Timely Information	
Promote a Healing & Protective Environment	
Promote Secure Attachment	
Address Trauma Experiences of Parents/Caregivers	Partner with Parents and Caregivers to Create a Recovery Team

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Protective Factors



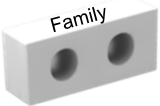
Individual

- Cognitive ability
- Self-efficacy
- Internal locus of control
- Temperament
- Social skills

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Protective Factors



Family

- Family cohesion
- Supportive parent-child interaction
- Social support (e.g., extended family support)

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Protective Factors



Community

- Positive school experiences
- Community resources
- Supportive peers/Mentors
- Formal support (e.g., Regional Center)

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Protective Factors



Culture

- Strong sense of cultural identity
- Spirituality
- Connection to cultural community
- Protective beliefs and values
- Cultural talents and skills

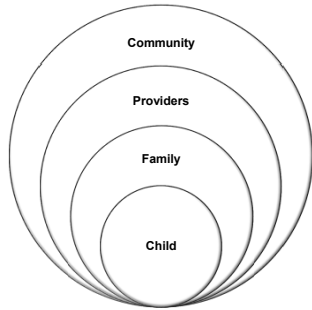
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Protective Factors

Individual	Family	Community	Culture
<ul style="list-style-type: none"> • Cognitive Ability • Self-Efficacy • Internal Locus of Control • Temperament • Social Skills 	<ul style="list-style-type: none"> • Family Cohesion • Secure Attachment • Interaction • Social Support (e.g. extended family support) 	<ul style="list-style-type: none"> • Positive School Experiences • Community Resources • Supportive Peers / Mentors • Formal Support (e.g. Regional Center) 	<ul style="list-style-type: none"> • Strong Sense of Cultural Identity • Spirituality • Connection to Cultural Community • Cultural Talents and Skills

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Protective Factors



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Enhance Family Well-Being and Resilience

- ❖ Families are a critical part of both protecting children from harm and enhancing their well-being.
- ❖ Providing trauma-informed education and services to parents and other caregivers enhances their protective capacities.
- ❖ Providers should recognize that caregivers themselves may have trauma histories or experience secondary traumatic stress.

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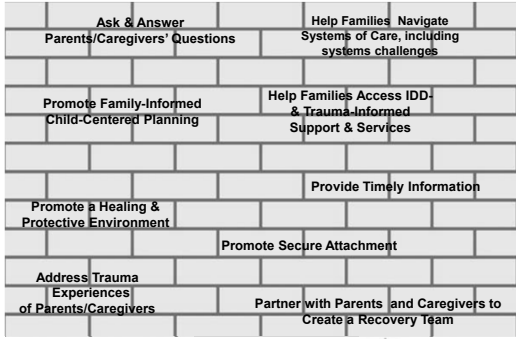


Enhance Child Well-Being, Resilience & Recovery



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Strengthen Family Protective Factors



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Ask & Answer Questions

- ❖ Responses to Traumatic Experiences
- ❖ Traumatic Experiences of Parents
- ❖ Cultural/Linguistic Factors
- ❖ Family Dynamics
 - ❖ Needs of the Parents
 - ❖ Needs of the Siblings
- ❖ Existing Supports/Protective Factors



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Provide Timely Information

Prompt intervention, in response to traumatic experiences, can diminish the overall effects of traumatic stress in children with IDD.

- ❖ Education
- ❖ Coaching
- ❖ In-home Modeling & Mentoring
- ❖ Support Services



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Address Traumatic Experiences of Parents/Caregivers

A personal history of trauma can:

- ❖ Compromise parents' decision-making
- ❖ Interfere with their ability to form and maintain secure & trusting relationships (with their children, partners, & service providers)
- ❖ Impair parents' ability to regulate their emotions
- ❖ Lead to less effective coping strategies, including substance abuse
- ❖ Cause parents to be reminded of their own traumatic experiences by children's traumas &/or systems interventions that reduced their trust

Source: National Child Traumatic Stress Network, Child Welfare Committee. (2011). Birth parents with trauma histories and the child welfare system: A guide for Child Welfare Staff. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.



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Promote Secure Attachment

- ❖ Development & quality of life of children with IDD can be improved through responsive relationships
 - ❖ Imagine the inner life of the child
 - ❖ Create or re-create a nurturing/healing environment
 - ❖ Provide comfort to help a baby/child regulate
 - ❖ Structure, routine & limit-setting
- ❖ A highly responsive parenting style is associated with a variety of child benefits across developmental tasks.



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Promote a Healing & Protective Environment

- ❖ Create or recreate a safe & secure interpersonal environment
 - ❖ Use "micro-behaviors of relationships" attuned to needs
- ❖ Recognize behavior as the child's method for adapting to unwanted circumstances
- ❖ Use person-centered tools & frameworks to expand behavioral management to include a focus on:
 - ❖ Increasing quality of life
 - ❖ Changing the environment
 - ❖ Increasing alternative means of communication
 - ❖ Teaching skills (e.g., express needs & feelings in words, signs, pictures)



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Gentle Teaching

- ❖ Developed by John McGee to interact with people with IDD & challenging behavior.
- ❖ Basic premise is that challenging behavior is a reflection of life experience often characterized by absence of quality of life &/or trauma.
- ❖ Focuses on interacting in ways that improve quality of life for the person with IDD through meaningful & positive reciprocal relationships.
- ❖ Relationships are understood in GT as transacted in repetitive micro-behaviors using the tools of our hands, eyes, voice & presence.

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Positive Behavior Support

- ❖ Effectively used with individuals with IDD & mental health needs
- ❖ Different from behavior *management*
- ❖ Starts with the premise that individuals are coping in the most effective way they know
- ❖ Change the environment so that individuals can get what they want & teach skills so they have more effective tools to get what they want or cope when they can't

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Positive Identity Development

- ❖ Developed by Karyn Harvey, PhD to assist individuals with IDD in revealing their true potential as human beings & experiencing the happiness in life that they so deserve
- ❖ Positive identity development for children with IDD focuses on discovering, defining & celebrating the self vs taking on the sole identity of "disabled"
- ❖ Basic premise is that an approach modeled on psychological well-being vs ineffective behaviors leads to human health & authentic happiness

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The Happiness Factor

- ❖ **Pleasure:** things we enjoy in a predominantly happy state (e.g., eating, watching TV)
 - ❖ Passive
- ❖ **Engagement:** actively participating in something that is enjoyable (e.g., cooking, hiking)
 - ❖ Often leads to the development of skills & talents
- ❖ **Meaning:** the act of making a real difference in the world of others through use of one's own strengths

Information & resources available at www.pursuit-of-happiness.org/teaching-resources/ 19

My Book About Recovery!

This is the book about
Traveling the Long Road to Recovery
By _____

Materials accompany *Positive Identity Development: An Alternative Treatment Approach for Individuals with Mild and Moderate Intellectual Disabilities* (Harvey, 2009)

Available at pid.thenadd.org

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Facilitating Development

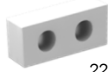
Stage	Task	Facilitating Environment	Facilitating Parental Messages
Infancy	Being	A secure base	<i>I'm glad you are you.</i>
Early childhood	Doing	Safe exploration	<i>You can explore and I will protect you.</i>
Middle childhood	Mastery	Inclusion with other children	<i>You can learn the rules that will help you live with others.</i>
Adolescence	Identity	Opportunity to try on roles	<i>You can develop your own interests and relationships.</i>
Adulthood	Separation	Community membership	<i>My love is always with you.</i>

Source: Rosenau, N. (2015). Facilitating Development [Chart].

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Promote Family-Informed Child-Centered Planning

- ❖ Identify key individuals involved in child's life
- ❖ Foster collaborative relationships among those individuals
- ❖ Develop a treatment and support plan using child-centered planning
 - ❖ Identify what is important to the child
 - ❖ Identify what others need to do to support what is important to the child



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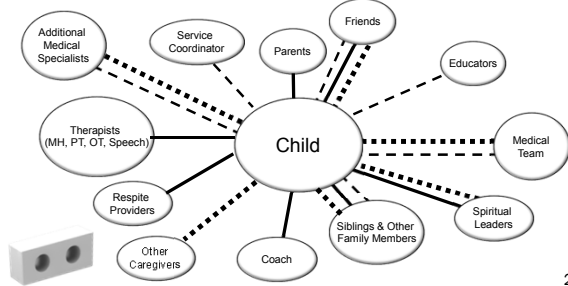
Help Families Access IDD- & Trauma-Informed Support

Informal Support	Formal Support	Families-to-Families Support
<ul style="list-style-type: none"> • Extended Family • Friends • Spiritual Community 	<ul style="list-style-type: none"> • Disability Services (e.g., Regional Centers) • Children's Medicaid Waiver Programs (e.g., SSI) • IEPs • Trauma Services 	<ul style="list-style-type: none"> • Organizations that provide families resources & support to inform decision-making & advocacy • Sibling Support



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Partner with Parents to Create a Recovery Team



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Help Families Navigate Systems of Care

- ❖ Co-occurring Mental Health Diagnoses & Conditions
- ❖ Support Families Through Systems' Challenges
 - ❖ Appeals Process
 - ❖ Wait Times
 - ❖ Reimbursement Issues
- ❖ Understanding Medicaid, Managed Care, Affordable Care Act



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Putting It Into Practice



Adapted from: *The Life Course Game* that was created and developed by CityMatch.
<http://www.citymatch.org>
info@coursebooksham@board.php

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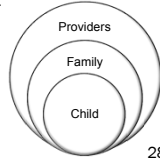
Essential Messages

6. Utilize an IDD- & trauma-informed child-centered approach to support both the child & the family.
7. Help parents/caregivers, and other professionals in the child's life, strengthen protective factors.

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What Can a Provider Do?

- ❖ Identify and enhance family strengths and natural supports.
- ❖ Ask about siblings.
- ❖ Take the time to listen to parents/caregivers and ask them what about their questions, concerns & challenges.
- ❖ Provide practical tools for promoting a secure attachment and a healing & protective environment.
- ❖ Provide anticipatory guidance.
- ❖ Help parents/caregivers access support.
- ❖ Help parents find access to respite care.



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Module Five: Learning Objectives

What Will I Learn Today?



1.	Explain how to enhance protective factors of children with IDD & families through appropriate trauma-informed services & treatment.
2.	Discuss how to utilize adapted screening, assessment & planning tools to identify IDD- & trauma-informed needs of children & families.
3.	Discuss strategies for adapting the core components of trauma-informed treatments for children with IDD.
4.	Identify strategies for partnering with agencies & cross-system collaboration.

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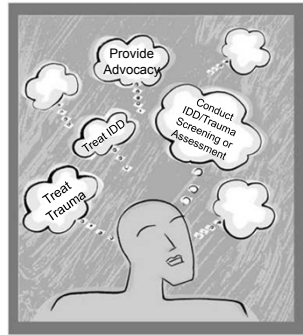


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Multiple Providers, Multiple Hats

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Sometimes a provider has multiple roles. Most of the time, multiple providers each wear multiple hats.



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Potential Pathways for Identifying IDD & Trauma

- 1 • Primary Care Provider/Educators
- 2 • Referral to Early Intervention Provider/Child Abuse or Neglect Pediatrician/Child Advocacy
- 3 • Referral to Developmental-Behavioral Pediatrician
- 4 • Referral to Trauma-Informed Services & Treatment
- 5 • Referral to Parent Support/Parenting Classes

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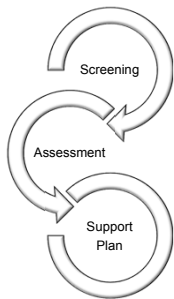
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Identify IDD-Related Support Needs of Children & Families



- ❖ Developmental surveillance & screening provide pediatricians with the opportunity to offer anticipatory guidance
 - ❖ Understand how the child is functioning
 - ❖ Understand how developmental progress is affected by IDD
- ❖ Input from parents/caregivers is invaluable in understanding child's functioning in relation to his/her peers
- ❖ Examples of screening tools
 - ❖ Ages & Stages Questionnaire (ASQ)
 - ❖ Parents Evaluation of Development (PEDS)

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Ages & Stages Questionnaires (ASQ-3)

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	SCORE
1. Does your child point to, pat, or try to pick up pictures in a book?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
3. When your child wants something, does she tell you by pointing to it?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
4. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, "Where is your ball/blanket, toy, 'Bring me your coat,' or 'Go get your blanket.'")	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
5. Does your child imitate a two-word sentence? (For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's that?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5
COMMUNICATION TOTAL				55

Source: agesandstages.com 34

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PEDS RESPONSE FORM

Child's Name: Roger J. Parent's Name: Marilinda J.
 Child's Birthday: 8/8/05 Child's Age: 2 Today's Date: 8/10/07

Please list any concerns about your child's learning, development, and behavior.

I'm worried about how my child talks and relates to us. He says things that don't have anything to do with what's going on. He's oblivious to anything but what he is doing. He's not doing as well as other kids in many ways.

Do you have any concerns about how your child talks and makes speech sounds?
 Child's answer: No A little COMMENTS: He repeats odd things like "wheel of fortune"

Do you have any concerns about how your child understands what you say?
 Child's answer: No A little COMMENTS: I can't tell if he doesn't understand, doesn't hear well or just ignores us

Do you have any concerns about how your child uses his or her hands and fingers to do things?
 Child's answer: No A little COMMENTS: He's good with manipulatives but does a lot of the same things over and over: spinning wheels on cars, flicking light switches, flipping pages

Do you have any concerns about how your child uses his or her arms and legs?
 Child's answer: No A little COMMENTS: He's very coordinated and very fast!

Do you have any concerns about how your child behaves?
 Child's answer: No COMMENTS: still lots of tantrums but headbanging is almost gone. Behavior therapy has been helpful and his tantrums are less severe and shorter

Do you have any concerns about how your child gets along with others?
 Child's answer: No Yes COMMENTS: He doesn't seem interested in watching other kids, let alone playing with them

Do you have any concerns about how your child is learning to do things for himself/herself?
 Child's answer: Yes COMMENTS: He's very independent

Do you have any concerns about how your child is learning preschool or school skills?

Source: pedstest.com 35

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Developmental Assessment

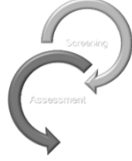
- ❖ A more in-depth exploration of the IDD and/or impact on development
- ❖ Venues for Assessment
 - ❖ School
 - ❖ Individualized Education Plan (IEP)
 - ❖ Regional Center/Mental Health System
 - ❖ Neuropsychological / psychoeducational assessment
 - ❖ Medical System
- ❖ Examples of Assessment Tools
 - ❖ Bayley Infant Scales of Development (0-3.5)
 - ❖ Mullen Scales of Early Learning
 - ❖ Intelligence assessments (e.g., WPPSI, WISC, DAS)
 - ❖ Adaptive functioning assessments (e.g., Vineland, ABAS)
 - ❖ Bilingual assessments
 - ❖ Non-verbal assessments

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Challenges in the Screening & Assessment Process

- ❖ Children may have more or less facility with communication
 - ❖ Communication may be a struggle because children may be nonverbal &/or use assistive communication devices
- ❖ Complex & chronic medical comorbidities (e.g., chronic lung disease, seizures & complex feeding problems) may require reliance on technologies (e.g., tracheostomies, home oxygen & gastrostomy tubes)
- ❖ Multiple health-related needs require intensive coordination of services & therapies & often prove time consuming, detracting from a focus on screening for trauma and related behavioral conditions



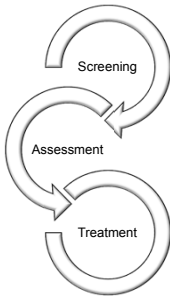
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IDD- & Trauma-Informed Services & Treatment

- ❖ **Trauma-Informed Services:** refers to a broad array of support & care, including treatment
 - ❖ Advocacy
 - ❖ Case Coordination
- ❖ **Trauma-Informed Treatment:** refers to interventions that focus on addressing symptoms & responses to traumatic experiences
 - ❖ Continuous Assessment
 - ❖ Cross-System Partnerships

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Identify Trauma-Informed Service & Treatment Needs of Children and Families



- ❖ Not every child needs trauma-focused treatment.
- ❖ Trauma screening and assessment help identify the children who most need trauma-focused therapy.
- ❖ Consider the *type* of trauma experienced when making service referrals & service plans.
- ❖ Assess the functioning of the caregiving system, including the impact of parent trauma.

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Trauma Screening



- ❖ Brief, focused inquiry to determine whether an individual has experienced specific traumatic events or reactions to trauma
- ❖ Usually includes questions regarding exposure to trauma & related symptoms
- ❖ Assists providers in understanding the child's & family's history & potential trauma reminders
- ❖ Directs trauma-informed case planning; positive screen may result in referral for comprehensive trauma mental health assessment
- ❖ Does not necessarily have to be administered by a mental health professional



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Trauma Screening for Parents/Caregivers



- ❖ Many caregivers have histories of trauma (in childhood & adulthood).
- ❖ Trauma can impact parenting & protective capacities.
- ❖ Awareness of parental/caregiver trauma history helps providers better understand parents/caregivers and link them to appropriate services.
- ❖ Examples of screening tools for parents:
 - ❖ Parent Emotional Reaction Questionnaire
 - ❖ Life Events Checklist
 - ❖ Trauma Recovery Scale

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Trauma Assessment

- ❖ A more in-depth exploration of the nature & severity of the traumatic events, the impact of those events, current trauma-related symptoms & functional impairment
- ❖ Includes a clinical interview, use of objective measures, behavioral observations of the child, and collateral contacts with family, caseworkers, etc
- ❖ Usually conducted by a **mental health provider** to drive treatment planning
- ❖ May occur over at least 2-3 sessions
- ❖ Should be used to determine the treatment plan

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Trauma Assessment (continued)

- ❖ Domains covered include:
 - ❖ Basic demographics
 - ❖ Family history
 - ❖ Trauma history (comprehensive, including events experienced or witnessed)
 - ❖ Developmental history
 - ❖ Overview of child's problems/symptoms
- ❖ Includes trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing
- ❖ May include assessment of caregiver stress and/or trauma and parent-child relationship
- ❖ Examples of trauma assessment measures:
 - ❖ UCLA PTSD Reaction Index for DSM-V
 - ❖ Trauma Symptom Checklist for Children (TSCC)
 - ❖ Trauma Symptom Checklist for Young Children (TSCYC)



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UCLA PTSD Reaction Index

**UCLA PTSD Reaction Index for Children/Adolescents
DSM-5**

HOW MUCH OF THE TIME DURING THE PAST MONTH...	None	Little	Some	Much	Max
1 _U I am on the lookout for danger or things that I am afraid of like looking over my shoulder even when nothing is there.	0	1	2	3	4
2 _U I have thoughts like "I am back".	0	1	2	3	4
3 _U I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4 _U I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5 _U I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6 _U I feel like what happened was deliberate or gross.	0	1	2	3	4
7 _U I am not able to do things with my family or friends or other things that I liked to do.	0	1	2	3	4
8 _U I have trouble concentrating or paying attention.	0	1	2	3	4
9 _U I have thoughts like "The world is very dangerous".	0	1	2	3	4
10 _U I have had dreams about what happened, or other bad dreams.	0	1	2	3	4
11 _U I have trouble trusting people.	0	1	2	3	4
12 _U I have trouble feeling happiness or fun.	0	1	2	3	4
13 _U I try not to think about or even feeling better when what happened.	0	1	2	3	4
14 _U When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15 _U I am not willing to remember for making the bad thing happen, but doing more to stop it, or to help after.	0	1	2	3	4
16 _U I have thoughts like "I will never be able to trust other people".	0	1	2	3	4
17 _U I feel alone even when I am around other people.	0	1	2	3	4
18 _U I have thoughts, feelings, pictures or sounds of what happened come into my mind when I don't?	0	1	2	3	4
19 _U I feel that part of what happened was my fault.	0	1	2	3	4
20 _U I have trouble going to sleep, waking up often, or have trouble getting back to sleep.	0	1	2	3	4
21 _U I feel nervous or embarrassed about what happened.	0	1	2	3	4

Available for purchase through UCLA:
contact hfinley@mednet.ucla.edu

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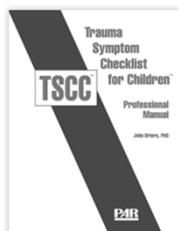
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Trauma Symptom Checklist for Children (TSCC)



Available for purchase through PAR, Inc.:
www4.parinc.com

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NCTSN Measures Review Database

Home Trauma Types Resources About Us Treatments That Work Products Login/ Register Search this site: Search

Measures Review Database New
Consult our database of reviews of tools that measure children's experiences of trauma, their reactions to it, and other mental health and trauma-related issues. To locate a measure of interest, fill out one or more fields and click apply. For dissemination and implementation measure reviews click here.

Subscribe

Title: Author(s): Acronym:

Domain Assessed (Click here for more information) For Specific Populations: Apply

Measures

Measures	Average Rating
Adolescent Clinical Sexual Behavior Inventory-Self Report	☆☆☆☆
Adolescent Clinical Sexual Behavior- Parent Report	☆☆☆☆
Adolescent Coping Orientation for Problem Experiences	☆☆☆☆
Attachment Questionnaire for Children	☆☆☆☆
Attachment Style Classification Questionnaire	☆☆☆☆
Beck Anxiety Inventory	☆☆☆☆
Beck Depression Inventory-Second Edition	☆☆☆☆

For information on specific measures:
nctsn.org/resources/online-research/measures-review 46

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Trauma Screening & Assessment: Adaptations for Children with IDD

- ❖ Involve a wide range of caregivers in the assessment process (e.g., parents, school/daycare teachers)
 - ❖ Provide psychoeducation on responses to trauma
- ❖ Providers should pay attention to
 - ❖ Pace (e.g., slow down speech)
 - ❖ Complexity (e.g., use simple language)
 - ❖ Timing (e.g., present one concept at a time)
 - ❖ Sequencing (e.g., rearrange questions to build on strengths)
- ❖ May need to make use of an intermediary (e.g., sign language interpreter, professional familiar with assistive devices)

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Developing IDD- & Trauma-Informed Recovery Plans

- ❖ Identify what is important to the child as well as what is important for the child.
- ❖ Recognize the child's talents and strengths as well as needs.
- ❖ Include the child's personal circle of significant relationships when developing a plan.
- ❖ Identify the child's hopes and dreams, as well as fears and nightmares.
- ❖ Identify additional information that you need to gather.
 - ❖ Trauma assessment/screening
 - ❖ Protective factors to enhance
- ❖ Focus on concrete action to move toward the desired life.
 - ❖ Referrals to trauma-focused treatment
 - ❖ Referrals to other supportive services (e.g., respite, activities, parent trauma)

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Examples of Trauma-Informed Evidence-Based Treatments

- ❖ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- ❖ Child-Parent Psychotherapy (CPP)
- ❖ Real Life Heroes

There are many different evidence-based trauma-informed treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a particular child and family.

For fact sheets on treatments:
nctsn.org/resources/topics/treatments-that-work/promising-practices

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Components of Trauma-Focused Treatment



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How do trauma treatments work?

- ❖ Many effective trauma treatments rely on cognitive behavioral strategies:
 - ❖ Teach stress management & relaxation skills to cope with unpleasant feelings about the trauma
 - ❖ Utilize "exposure strategies" (i.e., talking about the traumatic experience at a speed that is not distressing to the child)
 - ❖ Create a trauma "narrative" or story of what happened in order to master painful feelings about the experience & resolve the impact of the experience
 - ❖ Explore potentially untrue ideas about what happened & why
 - ❖ Change unhealthy/incorrect views
- ❖ Involve parents

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Narrative Adaptations for Children with IDD

- ❖ Be creative in the ways in which the narrative is recorded
 - ❖ Dictate responses
 - ❖ Use a tape recorder, video or still camera
 - ❖ Role-play, sing or dance
 - ❖ Use play
- ❖ Slow down pace
 - ❖ Allow additional time to share thoughts & feelings about traumatic experience
- ❖ Recognize that repetition is helpful for learning
 - ❖ Children with IDD may return repeatedly to inaccurate or unhelpful cognitions

Source: Brian Tallant, LPC, Aurora Mental Health Center

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Trauma Services & Treatment Adaptations for Children with IDD

- ❖ Be sure that all members of the treatment team are using the same language to address the traumatic experience(s).
- ❖ Check for comprehension—don't assume that the material is too complex for the child to understand.
- ❖ Use multisensory interventions (e.g., non-verbal, play therapy) & tools to assist in learning.
- ❖ Allow more time for the client to learn the skills & use more repetition.
- ❖ Work explicitly on generalization of skills to other environments.
- ❖ Allow additional time to practice new skills.
- ❖ Include multiple caregivers in various environments.

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IDD- & Trauma-Informed Services & Treatment: Questions to Ask

- ❖ Do you provide services to children with IDD who have had traumatic experiences?
- ❖ How do you approach therapy with children & their families who have had traumatic experiences (regardless of whether they indicate or request trauma-informed treatment)?
- ❖ Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine whether the child needs trauma-informed therapy (e.g., screening/assessment tools)?
- ❖ How familiar are you with evidence-based treatment models designed & tested for treatment of child trauma-related symptoms?
- ❖ Can you describe the core components of your treatment approach?

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Other Services That Enhance Resilience & Recovery

- ❖ Mentoring programs
- ❖ Sports, arts, recreational activities
- ❖ Community service
- ❖ Wraparound programs



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Trauma & IDD: Create an Integrated System of Care

Healthcare Providers	Tribal, Community, and Faith-Based Organizations	Public & Private Health Departments	Child Advocacy Centers
Education/Special Ed	Emergency Medicine	Law Enforcement	Medicaid/Managed Care/Insurers
Public & Private Mental Health Agencies/Providers	Attorneys	Juvenile Justice	Courts
Non-Profit Social Service Agencies	Foster Care & Adoption Agencies	Child Welfare	Disability Services Organizations
Legal System	Advocates	Federal Programs	Specialty Programs (e.g., substance abuse or domestic violence)

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Strategies for Cross-System Collaboration

- ❖ Cross-train on the intersection of trauma and IDD
- ❖ Jointly develop protocols regarding child and family trauma and collaborative services that promote resiliency
- ❖ Create multi-disciplinary teams
- ❖ Schedule family team meetings
- ❖ Co-locate staff in clinics & community “hubs”
- ❖ Identify & utilize cross-system assessment tools
- ❖ Share knowledge of local resources & trauma-informed treatment options
- ❖ Identify technology to be used for information exchange
- ❖ Integrate information-sharing systems

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Remember These Faces?




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! Essential Messages

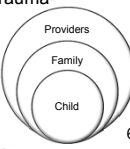
8. Partner with agencies and systems to ensure earlier and more sustained access to services.
9. Ensure that trauma-informed child-centered services, treatments and systems drive the recovery plan.

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What Can a Provider Do?

- ❖ Identify the developmental level of the child in order to guide appropriate selection of trauma screening/assessment tools, services & treatments.
- ❖ Coordinate continuous care through communication with therapists and other providers on a regular basis.
- ❖ Participate in cross-training with other agencies and systems on issues related to child trauma and trauma-informed care.
- ❖ Identify and interview local individuals/agencies



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Module One: Setting the Stage
 Module Two: Development, IDD & Trauma
 Module Three: Traumatic Stress Responses in Children with IDD
 Module Four: Child & Family Well-Being & Resilience
 Module Five: IDD- & Trauma-Informed Services & Treatment
 Module Six: Provider Self-Care




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Module Six: Learning Objectives
 What Will I Learn Today?




1.	Describe the difference between secondary traumatic stress, burnout and vicarious trauma.
2.	Identify how burnout develops among providers.
3.	Discuss potential sources, warning signs, and effects of secondary traumatic stress and organizational stress.
4.	Implement steps to stress reduction and self-care.

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Trauma Stewardship



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Secondary Traumatic Stress (STS) refers to the development of post-traumatic stress symptoms caused by at least one indirect exposure to traumatic material.

Burnout refers to emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. Burnout develops as a result of general occupational stress.

Vicarious trauma refers to changes in the inner experience of the therapist, resulting from empathetic engagement with a traumatized client. It focuses less on trauma symptoms and more on the changes that occur following cumulative exposure to another person's traumatic experience(s).

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Provider Burnout

- ❖ Caseload that requires intensive case coordination
 - ❖ Need for Advocacy
 - ❖ Need for Collateral Engagement
- ❖ Longer therapeutic process & treatment times
- ❖ Working in a stressed system
- ❖ Identifying ways to adapt screening, assessment & interventions takes time

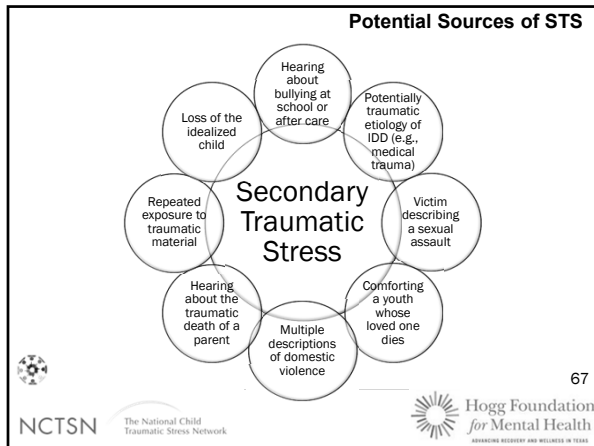
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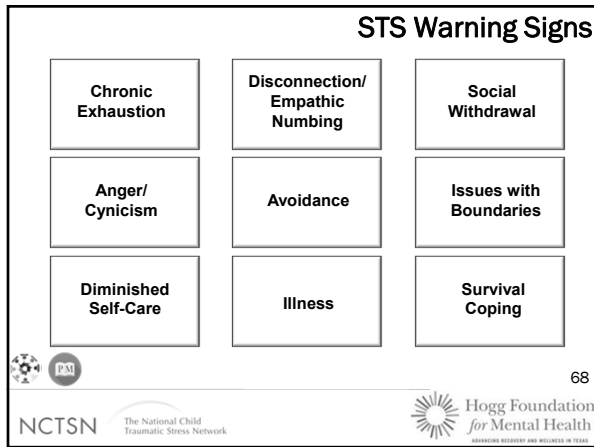
Secondary Traumatic Stress

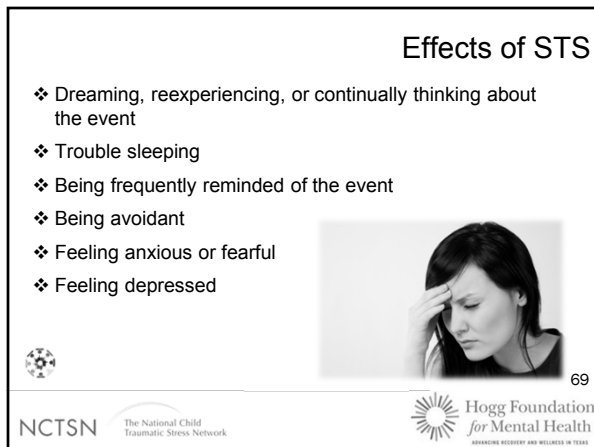


What are the types of feelings or situations that might result in STS among providers who work with children with IDD?

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Steps to Stress Reduction

Self-care is the ability to engage in helping others without sacrificing other important parts of one's life.



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The A-B-C's of Self-Care

- ❖ Awareness
- ❖ Balance
- ❖ Connection






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Awareness

 Body	 Personal Life	 Professional Life
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Balance

Professional Physical
Spiritual Psychological
Emotional

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Connection

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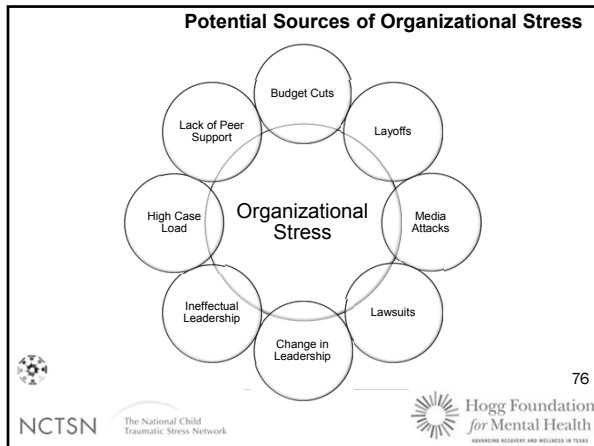
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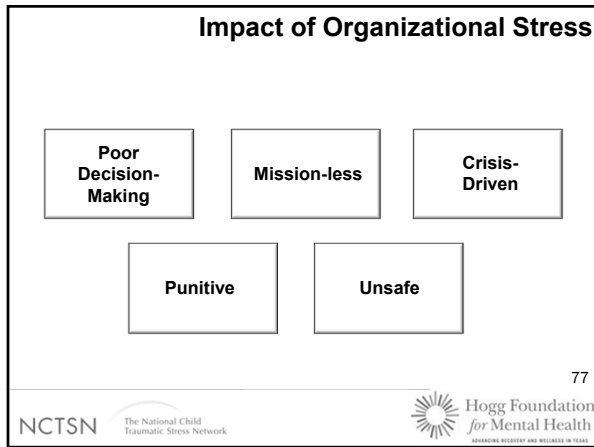
Organizational Stress

Organizations, like individuals, are living, complex, adaptive systems. They are vulnerable to stress, particularly chronic & repetitive stress.

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Impact of Organizational Stress on Providers

- ❖ Increased absenteeism
- ❖ Impaired judgment
- ❖ Unwillingness to accept extra work
- ❖ Low motivation
- ❖ Lower productivity
- ❖ Poorer quality of work
- ❖ Greater staff friction
- ❖ Higher staff turnover

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When our organization is stressed, we are all stressed.



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Steps to Organizational Stress Reduction



- ❖ Practice principles of safety & empowerment
- ❖ Share successes & shortcomings
- ❖ Ensure regular & reflective supervision sessions
- ❖ Support open communication
- ❖ Hold multidisciplinary case conferences

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Steps to Organizational Stress Reduction



- ❖ De-stigmatize providers' personal reactions to the work & prioritize self-care
- ❖ Provide mentoring to new professionals
- ❖ Support continuing education
- ❖ Encourage training on trauma-informed care at all levels
- ❖ Provide respite for providers

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Wellness Activities



- ❖ Provide wellness activities
- ❖ Offer mindfulness exercises during lunch breaks
- ❖ Support staff celebrations

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Self-Care Resources

- ❖ NCTSN Secondary Traumatic Stress Speaker Series
- ❖ *What About You? A Workbook for Those Who Work with Others* (Volk, Guarino, Grandin & Clervil, 2008)
- ❖ NCTSN *Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals*
- ❖ *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (Van Demoot Lipsky & Burk, 2009)

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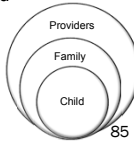
Essential Message

10. Practice ongoing self-care in order to increase effectiveness in delivering high quality support, services and treatment.

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What Can a Provider Do?

- ❖ Identify potential sources, warning signs and effects of STS and organizational stress.
- ❖ Identify strategies for stress reduction.
- ❖ Practice the ABC's of self-care.
- ❖ Identify wellness activities that could be provided in your organization.
- ❖ Identify self-care resources that you'd like to explore further.



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Evaluation of Learning: Day 2

- ❖ Questions?
- ❖ Post-Training Evaluation for Day 2



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Remember, you can do this work!

*The exceptional is ubiquitous; to be
entirely typical is the rare and lonely state.*

- Andrew Solomon, *Far From the Tree*



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THANK YOU!

For more information about child traumatic stress,
go to the NCTSN website or the NCTSN Learning
Center.

www.NCTSN.org
<http://learn.nctsn.org>
