

Trauma-Focused Services for Children and Youth with IDD

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Disclosures

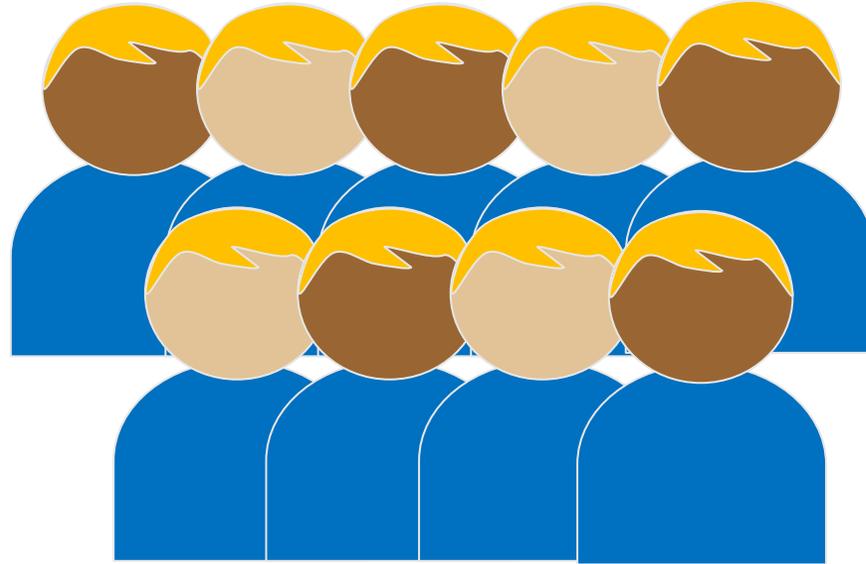
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Objectives

- Participants will learn about the prevalence of exposure to traumatic events within the IDD population.
- Participants will be able to identify common myths about trauma and treatment within the IDD population.
- Participants will learn about modifications to provide trauma-focused services to youth and their families.

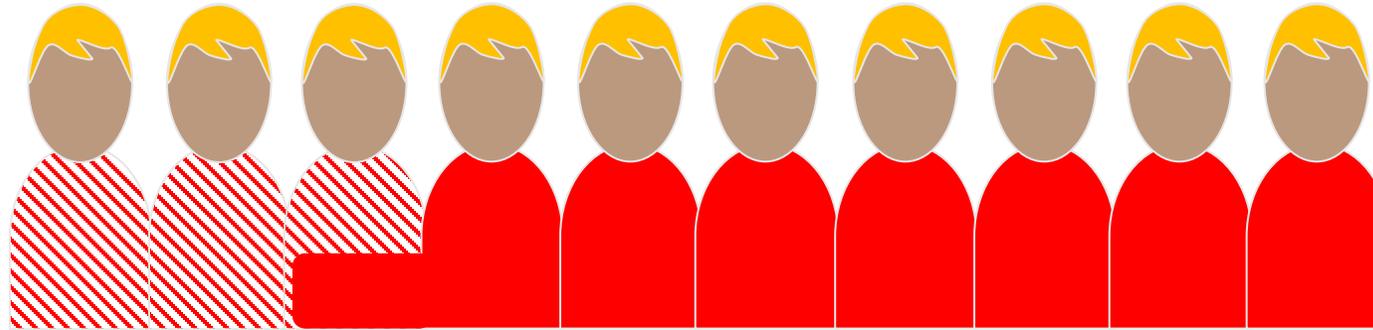
Trauma prevalence in children



9.1 victims of abuse or neglect per 1000

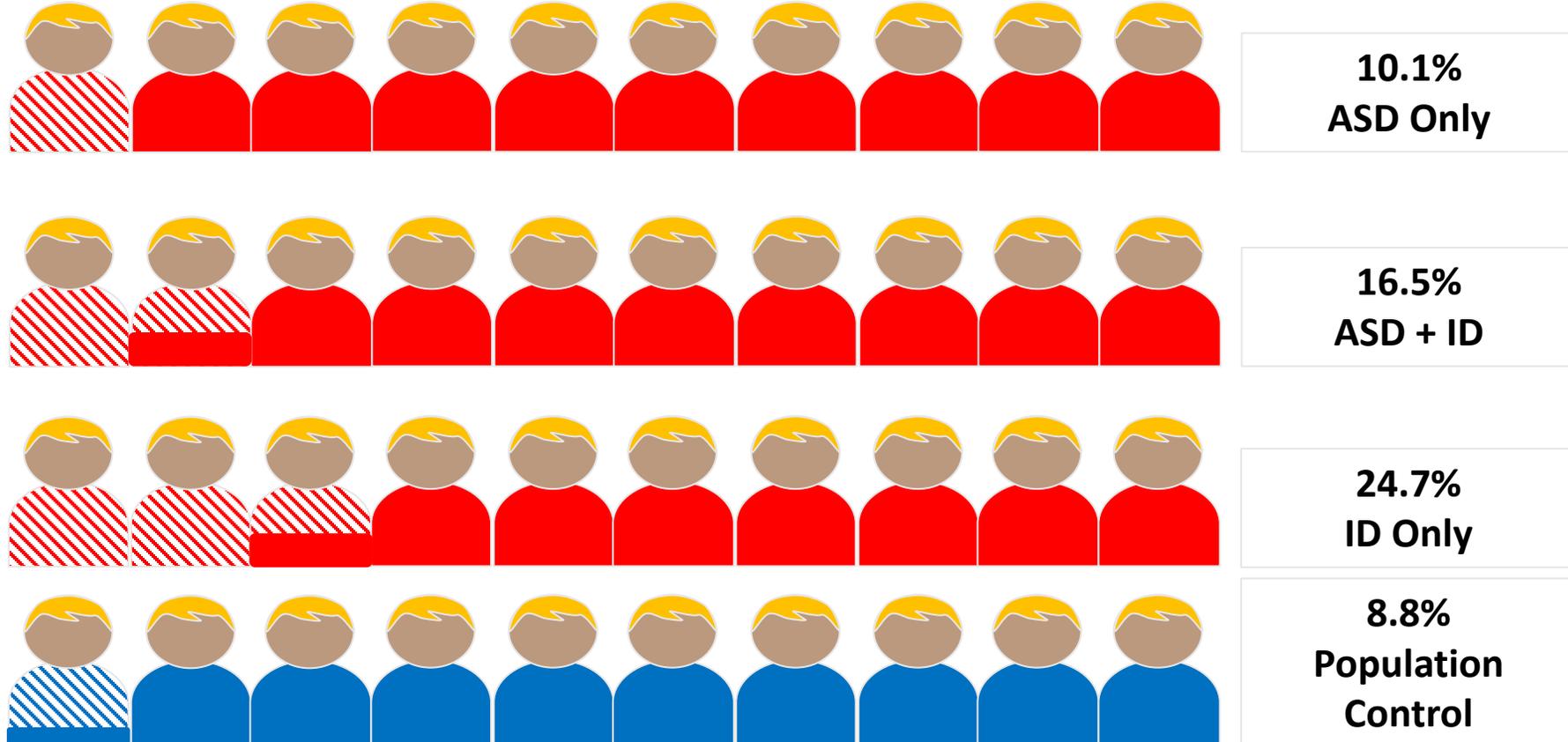
(Copeland, Keeler & Angold, 2007)

Prevalence of trauma in children with developmental disabilities



Children with developmental disabilities have a rate of 10.1% to 24.7% of substantiated abuse claims

A deeper dive into IDD and abuse



McDonnell et al. 2019

Resilience in Childhood

Caring family and sensitive caregiving

Close relationships, emotional security, sense of belonging

Skilled parenting

Agency and motivation to adapt

Problem-solving skills, planning, and executive functioning skills

Self-regulation skills, emotion regulation

Self-efficacy, positive view of self or identity

Hope, faith, optimism

Meaning-making, belief life has meaning

Routines and rituals

Engagement in a well-functioning school

Connections with well-functioning communities

Masten, 2018

Risk factors for trauma symptoms

- Interpersonal trauma (Copeland, Keeler & Angold, 2007)
- Exposure to chronic adversity in childhood (Shonkoff et al. 2012)
- Poly-victimization (Finkelhor, Omrod & Turner, 2007)
- Thought suppression post-trauma (Trickey et al. 2012)
- Unhelpful or inaccurate beliefs post-trauma (Hiller et al. 2019)
- Limited social support or withdrawal (Tricky et al. 2012)

Diagnostic considerations for trauma and children with IDD

- Limited verbal communication
- Increased aggression and hyperactivity
- Regression in development
- Behavior that is developmentally incongruent (and not typical for that child)
- Difficult peer relationships
- Hopelessness
- Delayed independence

Myths about trauma treatment for children with IDD (NCTSN toolkit)

- Children with IDD cannot engage in treatment.
- Standard mental health treatment is ineffective for children with IDD.
- Behavior modification is the only option.
- Youth with intellectual disabilities do not experience trauma.
- Challenging behavior is always best explained by an intellectual disability.
- Children with IDD are protected from trauma because of their developmental age; they do not remember.
- Practitioners must have extensive experience treating people with IDD.

Modifications and considerations

- Using a screener (such as the CATS) remains important, though you may need to rely on a caregiver for the majority of information.
- Provide concrete examples.
- Avoid metaphors.
- Provide written and oral information together.
- Use visuals as much as possible, including visual schedules for each session.
- Establish consistency and behavior management prior to engage in trauma work.
- Respect progress in emotional identification.
- It may be reasonable to move past a narrative and focus on in vivo exposures.
- Recognize that play may be limited in therapy.
- Social stories are invaluable!

Questions

THANK YOU!

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