

Trauma and Trauma-Responsive Strategies for Professionals Supporting Individuals with Intellectual and Developmental Disabilities and Their Families

Marcela Torres Pauletic, Ph.D.

July 27, 2022

Disclaimer and Funding Statement

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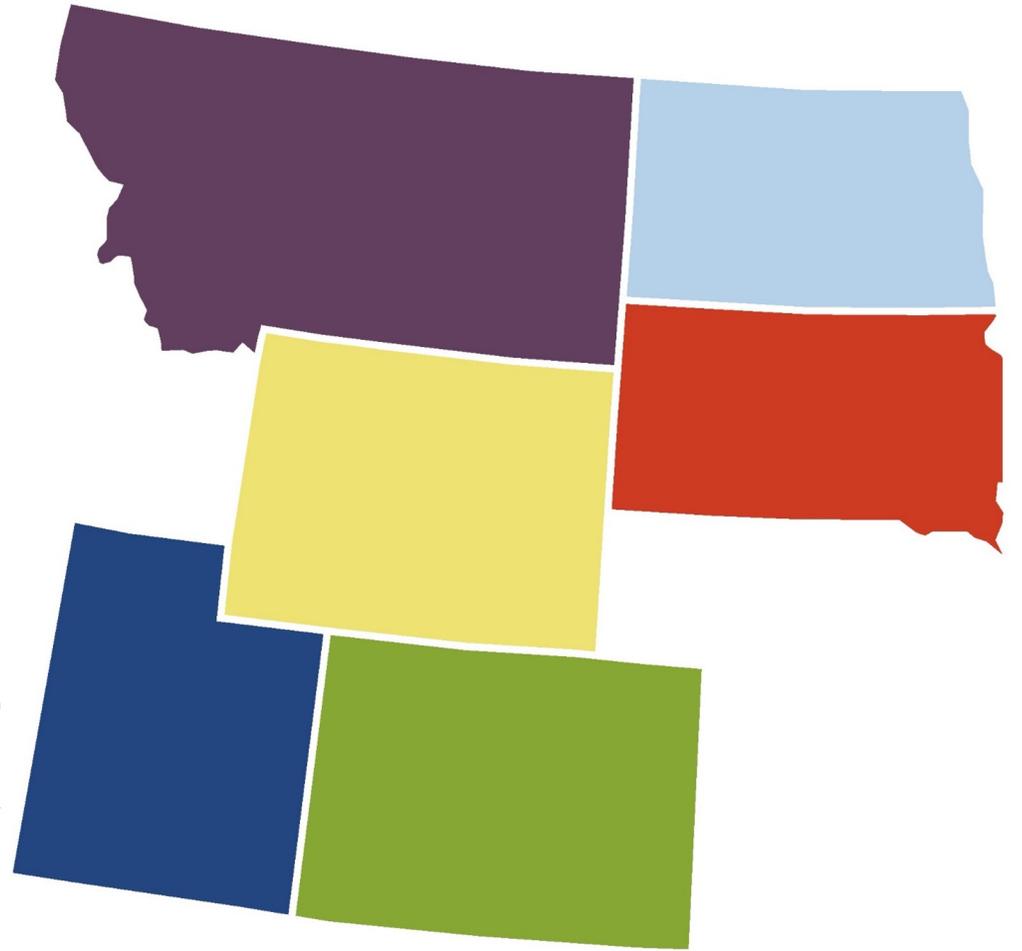
At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Marcela Torres Pauletic, Ph.D. and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



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Mountain Plains
MHTTC

MHTTC

Training sponsored by:

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

About me



Marcela Torres Pauletic, Ph.D. is a licensed clinical psychologist and research scientist.

My areas of expertise include social emotional development, childhood trauma and resilience, and the protective role of relationships throughout the lifespan.

I also provide training and consultation to mental health professionals in evidence-based treatments for children and families experiencing trauma, including for children and youth with IDD.

For self-care, I enjoy being outside in the garden and going for walks in nature.



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<https://ibsweb.colorado.edu/crw/>



Training Schedule (Mountain Time Zone)

- **9:00 – 10:30**
15 minute break
- **10:45 – 12:00**
30 minute break
- **12:30 – 2:00**
15 minute break
- **2:15 – 4:00**

Acknowledgements



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Trauma and Intellectual and Developmental Disabilities (IDD) Toolkit

The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma Toolkit was developed by the National Center for Child Traumatic Stress (NCCTS) and the NCTSN Trauma & IDD Expert Panel, a national selection of individuals with expertise in trauma and IDD.



AGENDA:

- Development & Trauma
- Signs of post-traumatic stress or other trauma-related reactions that might signal a need for intervention
- Evidence-based mental health supports that can help
- Resilience
- Overview of specific strategies for caregivers/adults who care for individuals with I/DD

A note about
trauma
presentations



What is Development?



Development is the process of change by which children become able to handle increasingly complex levels of moving, thinking, feeling and relating to others. Development is lifelong, although occurs most rapidly in childhood.

Domains of Development

Language development & Communication

- Expressive language Communication using sounds, gestures, or words. Ability to describe events, and communicate needs, and experiences.
- Receptive language development Recognition of sounds & understanding of spoken words & directions.
- Pragmatic communication: Nonverbal & social communication



Domains of Development

Social and emotional development

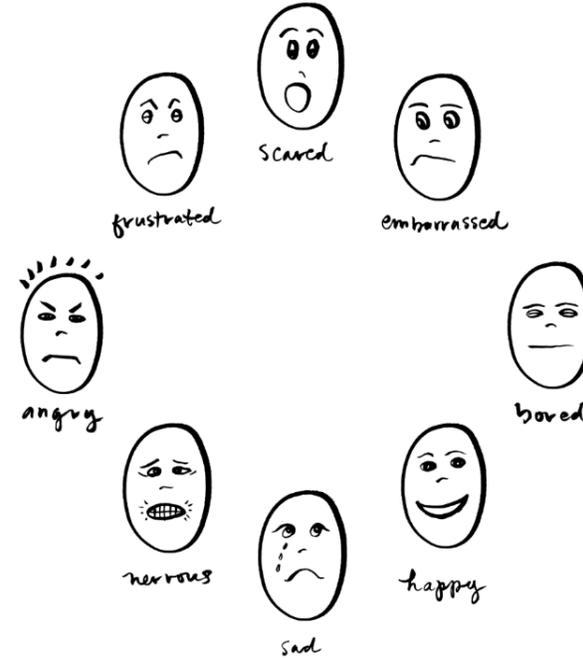
includes a person's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others. It encompasses both intra- and interpersonal processes.



Cohen, J., and others. 2005. [*Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development*](#). Washington, DC: National Conference of State Legislatures and Zero to Three. (accessed on December 7, 2006)

Social Emotional Skills

- Emotion awareness
- Emotion understanding
- Emotion acceptance
- Emotion expression
- Emotion regulation
- Perspective taking
- Empathy and compassion
- Supportive response to others' emotions



Domains of Development

Cognitive development

refers to the development of the ability to think, reason, and problem-solve.



Concrete Operations:

- performed in the presence of the objects and events being thought about.

Formal Logical Operations:

- abstract thinking (thinking about possibilities, new ideas)
- the ability to consider many points of view (compare or debate ideas or opinions)
- considering the process of thinking

Domains of Development

Motor development

refers to the body increasing in skills, coordination, and performance.

- **Gross motor development** refers to the development of large muscle groups (e.g., legs and arms)
- **Fine motor development** refers to the precise use of muscles, for example hands and fingers.



Domains of Development

Adaptive functioning

refers to the ability to adjust to various demands of normal daily living:

- **Self-Care:** activities such as eating, toileting, bathing
- **Community:** interest in activities outside the home
- **Home Living:** taking care of/assisting with household tasks & taking care of personal possessions
- **Health & Safety:** knowledge of basic health activities & physical dangers

Intellectual and Developmental Disabilities

“Intellectual and developmental disabilities (IDDs) are disorders that are usually present at birth and that negatively affect the trajectory of the individual’s physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.”



Eunice Kennedy Shriver National Institute
of Child Health and Human Development

Healthy pregnancies. Healthy children. Healthy and optimal lives.

What is Considered a Trauma?

Traumatic Events are intense, frightening, dangerous, or violent events (or enduring conditions) that either threaten or cause harm to a person's physical, mental, emotional or spiritual well-being and overwhelm their ability to cope.



Potentially Traumatic Events

Exposure to a Potentially Traumatic Event can include:

- Direct experience
- Witnessing in person an event that occurs to others
- Learning of an event that occurred to a close family member or close friend *or someone with whom you identify (e.g. cultural trauma)*
- Experiencing repeated or extreme exposure to aversive details of traumatic events



Potentially Traumatic Events

- Abuse or Neglect
- Victim/Witness of Violence
 - Home/Domestic, Community, School
- Accidents (e.g., motor vehicle, fire, dog-bite)
- Disasters, Weather
- War/Terrorism and Refugee/Immigration experiences
- Medical (e.g., diagnosis, physical pain, frightening symptoms, invasive medical procedures)
- Death of a loved one (Traumatic Grief)
- Prolonged or permanent separation from a primary caregiver
- Racism / oppression



Trauma Prevalence in Childhood

- Up to **68% of youth** in United States have experienced at least one potentially traumatic event or significant childhood adversity before age 18.



- Children often experience **multiple** potentially traumatic events (PTEs).
 - Children often **do not disclose** these events.
-
- **Higher exposure rates** exist among youth with IDD.

Children/Youth with IDD at Increased Risk for Trauma



2x as likely to experience emotional neglect, physical & sexual abuse



3x more likely to be in families with domestic violence



4x more likely to be victims of crime

2x more likely to be bullied

Children/Youth with IDD at Increased Risk for Trauma



More likely to be subjected to traumatizing incidents of physical restraint & seclusion



Have significantly higher rates of serious injury compared to non-disabled peers



Increased risk of psychological distress due to medical procedures

GLOBAL UPDATE

Assault: Children With Disabilities Are More Likely to Be Victims of Violence, Analysis Shows



VIKTOR DRACHEV/Agence France Presse, Getty Images

By Donald G. McNeil Jr.

July 16, 2012



Children with disabilities are **almost four times more likely** to be victims of violence than other children, according to a new report commissioned by the World Health Organization.



<https://www.who.int/disabilities/violence/en/>

Disabilities and rehabilitation

Disability

Rehabilitation

Community-based rehabilitation (CBR)

Assistive technology

Disability data

Publications

Violence against adults and children with disabilities

Both children and adults with disabilities are at much higher risk of violence than their non-disabled peers, according to two systematic reviews recently published in the Lancet. The reviews were carried out by Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO's Department of Violence and Injury Prevention and Disability. These are the first studies to confirm the magnitude of the problem and they provide the strongest available evidence on violence against children and adults with disabilities. They also highlight the lack of data on this topic from low- and middle-income countries.

The review on the prevalence and risk of violence against children with disabilities, published in July 2012, found that overall children with disabilities are almost four times more likely to experience violence than non-disabled children. The review indicated that children with disabilities are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.

The systematic review on violence against adults with disabilities, published in February 2012, found that overall they are **1.5 times more likely** to be a victim of violence than those without a disability, while those with mental health conditions are at nearly four times the risk of experiencing violence.

<https://www.nytimes.com/2012/07/17/health/policy/children-with-disabilities-are-victimized-more-often.html>

What might be some reasons for the increased risk for trauma exposure for individuals with IDD?



Trauma Impact

- **Acute distress almost universal**
- Longer-term impact varies
- Some people experience persistent serious symptoms related to exposure to a traumatic event.
- Exposures to multiple or ongoing potentially traumatic events increase risk for longer term impact.



Post-Traumatic Stress

- Some people exposed to traumatic events experience symptoms of **Post Traumatic Stress** or other trauma-related reactions (depression, anxiety, behavior problems)
- Resilience is the most common outcome and very possible with the right supports



Essential Messages:

Working with Individuals with IDD who have Experienced Trauma

Understanding traumatic stress is the first step in helping individuals regain their sense of safety, value and quality of life following traumatic events.

NCTSN


The National Child
Traumatic Stress Network



Hogg Foundation
for Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

Post-Traumatic Stress Symptoms

Intrusion

- Intrusive thoughts/ images/ memories
- Distress related to cues/ triggers
- Flashbacks/ re-experiencing
- Distressing dreams
- Re- enactment

Avoidance

- Of memories, feelings, thoughts related to trauma
- Of people, places, objects, situations that remind students of the trauma

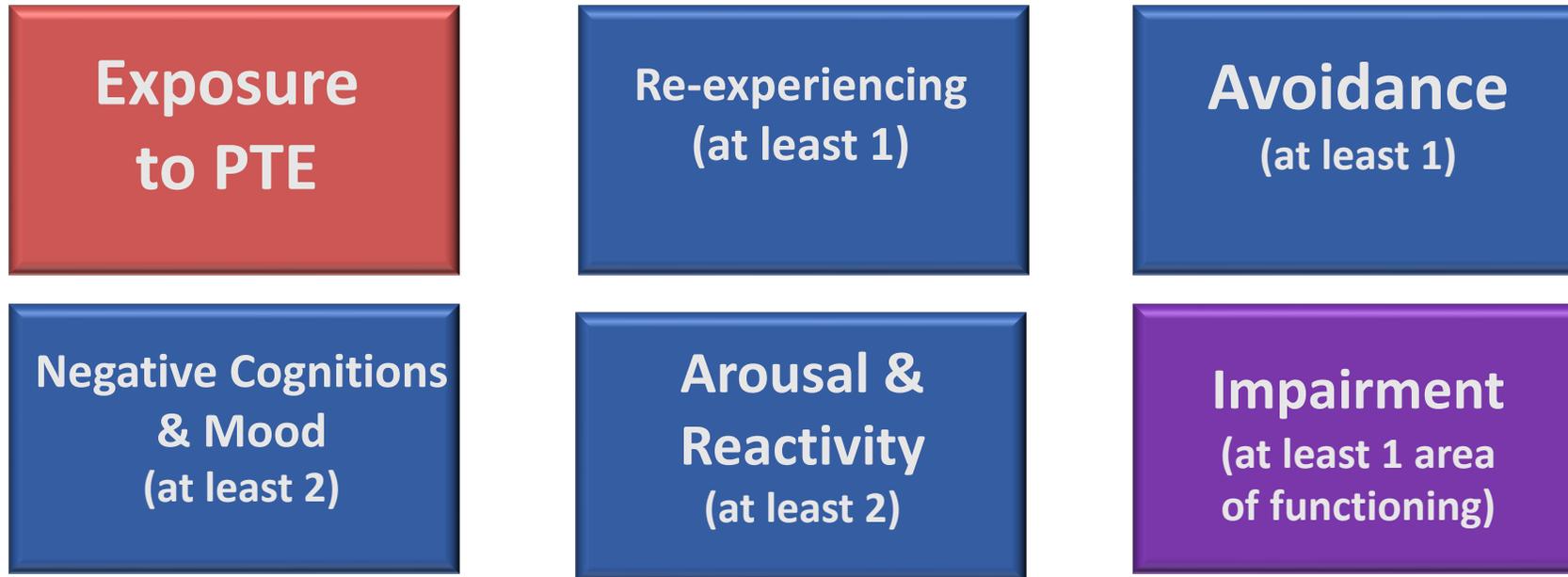
Negative Cognitions & Mood

- Negative beliefs: self/ others
- Self blame, shame
- Negative emotional state
- Detachment
- Diminished activities interest
- Difficulty experiencing positive emotions

Arousal & Reactivity

- Irritability
- Angry outbursts
- Reckless/ self-destructive behavior
- Hypervigilance/ Startle Response
- Difficulty concentrating
- Sleep disturbance

Criteria for Post Traumatic Stress Disorder



- Posttraumatic stress can develop into other mental health conditions & diagnoses over time (e.g., separation anxiety & depression)
- Competent assessment is critical for accurate diagnosis, and effective intervention

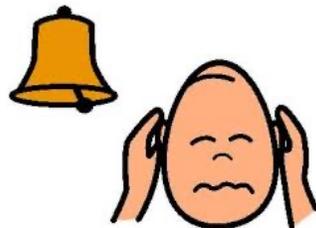
Trauma Reminders and Triggers

A trigger = any person, place, situation, object or internal sensation that reminds the individual of something that was present at the time of the initial trauma

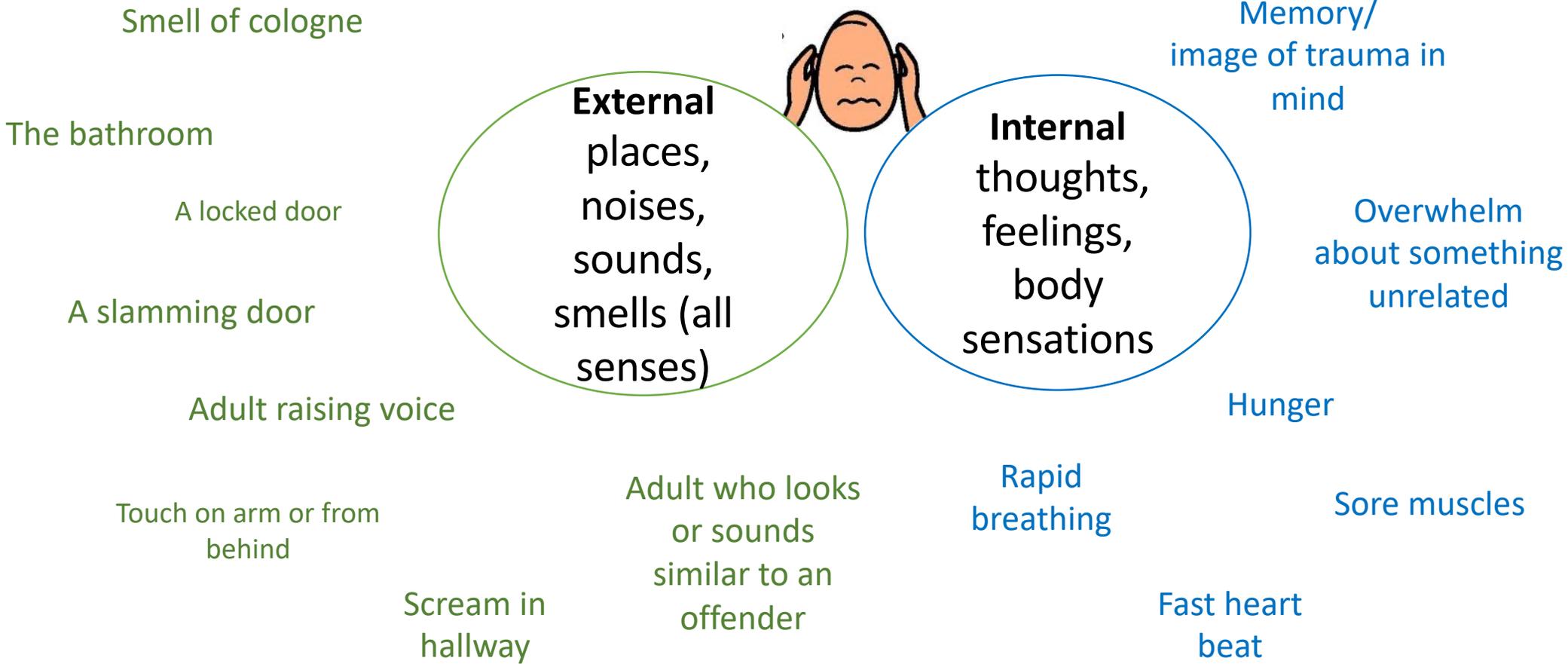
- Internal



- External



TRAUMA REMINDERS AND TRIGGERS: EXAMPLES



What are some potential triggers that you notice for individuals in your care?



A Trauma-Informed Provider Understands Complex Trauma

Complex trauma refers to:

The *type* of trauma exposure

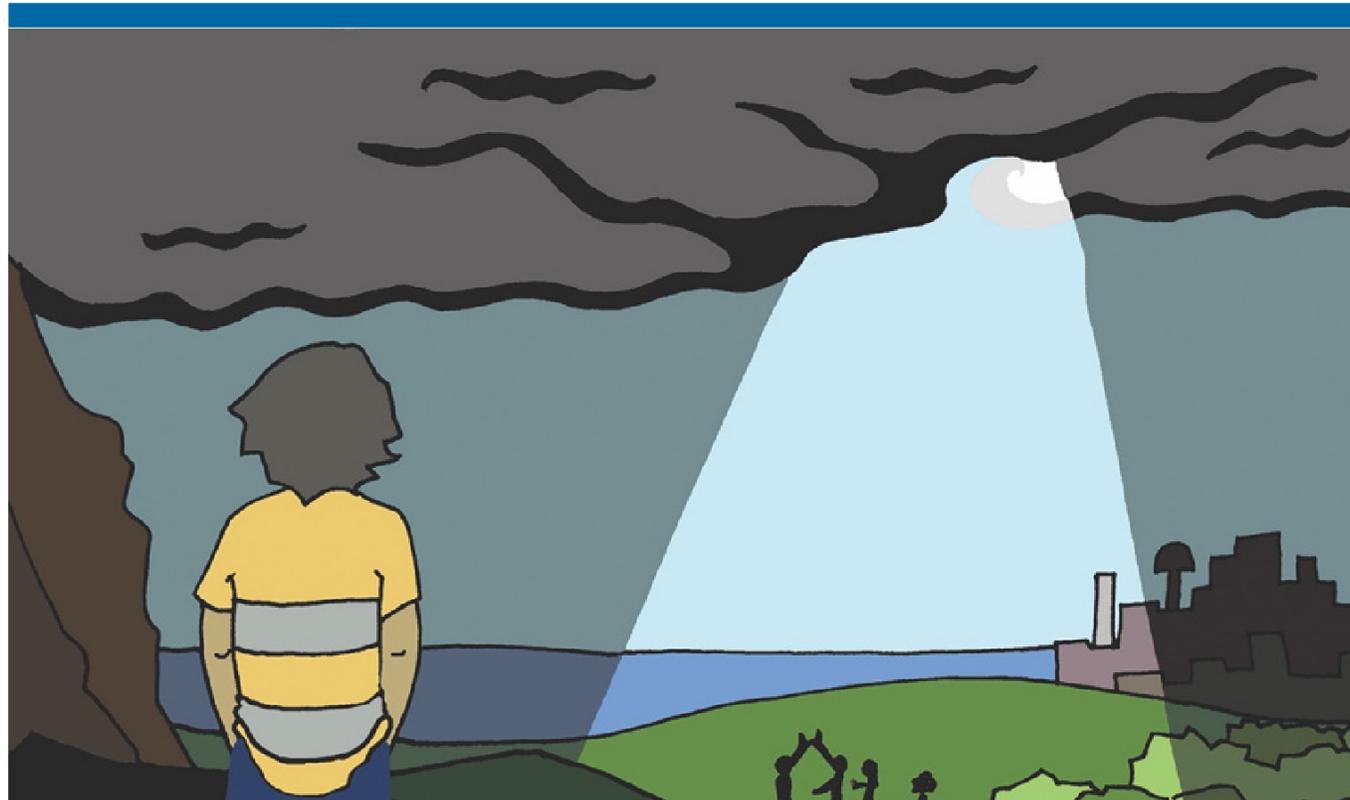
- Complex trauma events are typically defined as traumas that are multiple, chronic and interpersonal in nature and begin at an early age
- Physical/sexual abuse, neglect, witnessing DV, human trafficking or living in a refugee camp

The *impact* that the trauma hx has on the client's short and long term functioning

Impact of relationships, world view, emotion dysregulation

What is Complex Trauma?

A Resource Guide for Youth and
Those Who Care About Them



Complex Trauma

Complex trauma presents challenges to development because resources that would be allocated for healthy development are instead used for survival to cope with the unstable, frightening and overwhelming environment.



Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Complex Trauma Outcomes



- Chronic disruption in the growth of developmental competencies
- Domains of impairment can include:
 - Attachment
 - Neurobiology
 - Affect Regulation
 - Behavioral Control
 - Cognition
 - Self-Concept

When children endure multiple traumatic events over long periods of time, they are especially likely to have difficulty meeting developmental tasks.

Traumatic Experiences Can Disrupt Development

- Traumatic stress can lead to changes in learning, behavior & physiology—may place individuals at risk for further trauma.
- Traumatic experiences at any age and stage of development can interfere with developmental accomplishments.
- Traumatic experiences may result in a significant setback in developmental progress, which is already challenged by IDD.



Additional Challenges: Trauma and IDD

- Trauma reactions may be complicated by physical, cognitive or communicative limitations.
- Individuals with IDD and their families are often part of many cultural identities and communities, including disability communities, which may impact the experience and expression and of trauma.
- Trauma may add to significant secondary adversities related to IDD that existed prior to the traumatic experience(s).



Essential Messages:

Working with Individuals with IDD who have Experienced Trauma

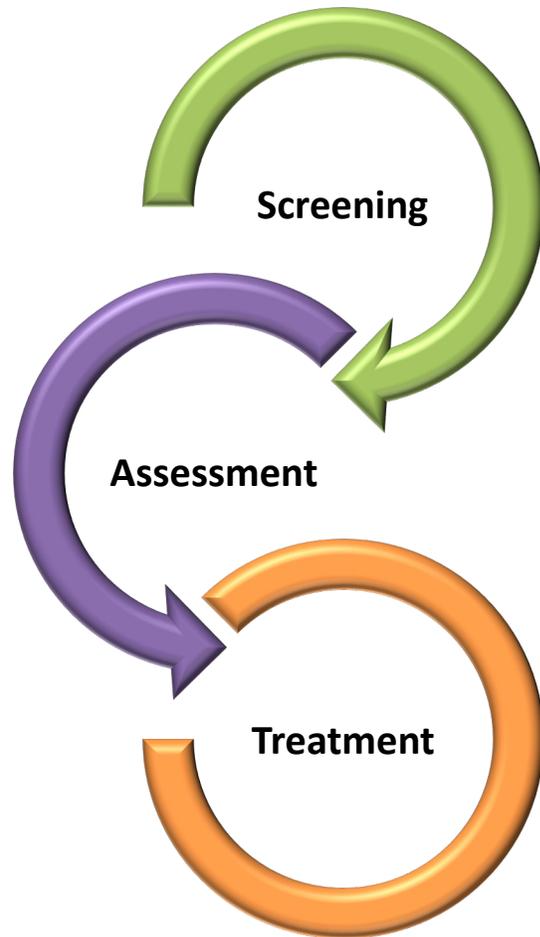
1. Know that there's hope; recovery from traumatic experiences is possible.
2. Recognize that individuals with IDD may have had a traumatic experience(s), which can have profound effects on their health and development.

Essential Messages:

Working with Individuals with IDD who have Experienced Trauma

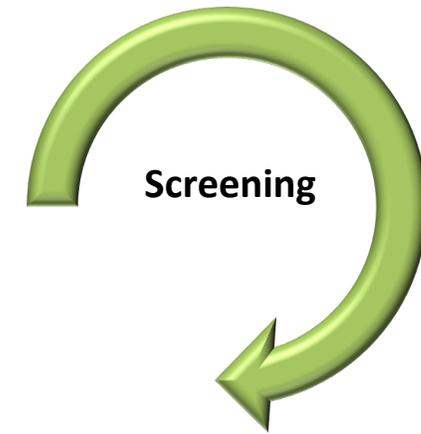
3. Recognize each individual's developmental level and how IDD and traumatic experiences are affecting his/her functioning.
4. Utilize a developmental lens when making meaning of traumatic experiences & responses.

Identify Trauma-Informed Service & Treatment Needs



- Not everyone needs trauma-focused treatment.
- Trauma screening and assessment help identify those 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/caregiver trauma.

Trauma Screening



- Brief, focused inquiry
- Usually includes questions regarding exposure to trauma & related symptoms
- 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

Partnering with Families

Just as you are an expert in mental health or developmental disabilities, family members are experts in their children, family functioning, and sources of support.



The Ecological Model

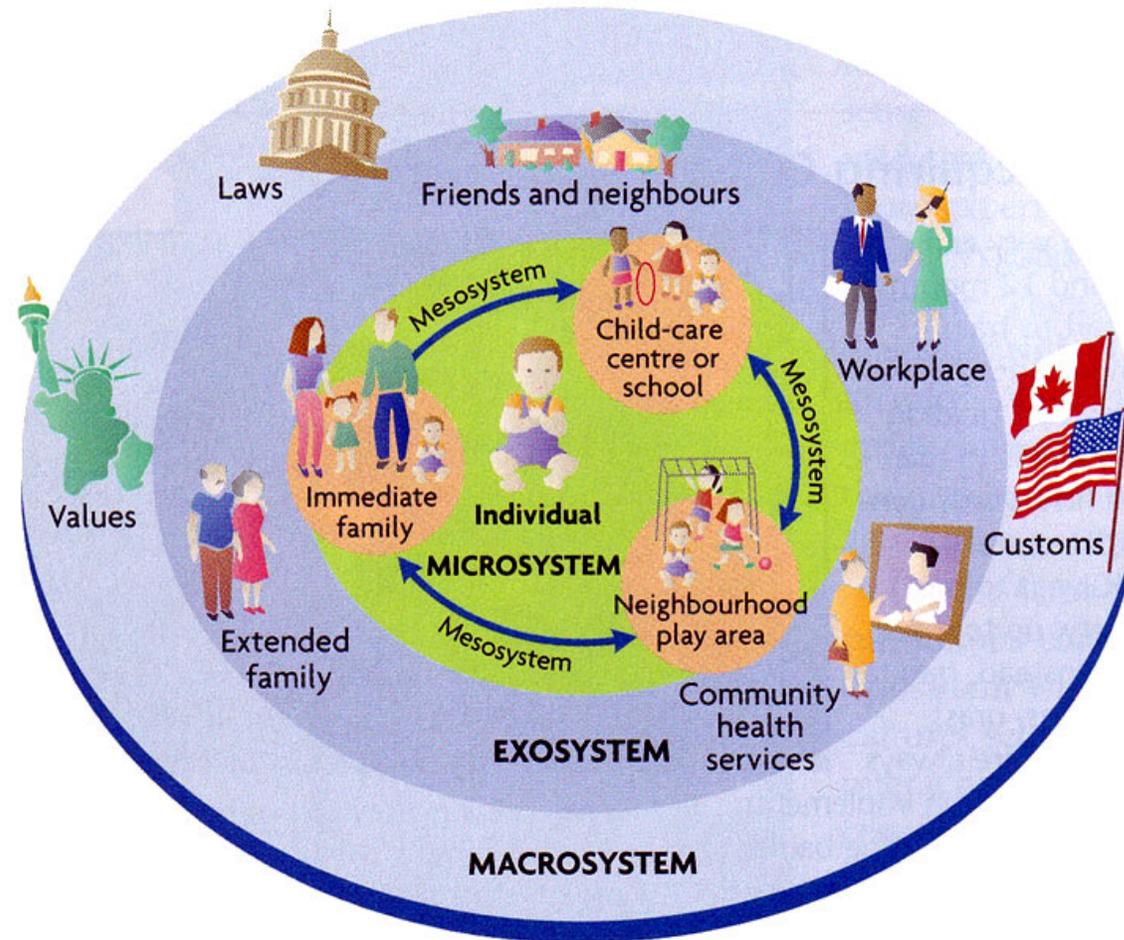


Figure 1. Bronfenbrenner's ecological systems theory
(in Berk & Roberts, 2009, p.28)

Screening for Trauma

Why screen for trauma?

- Trauma exposure is very prevalent
- Many people don't disclose on their own
- Many people want to address trauma but don't know how to bring it up
- Screening helps you to make targeted referrals
- Evidence-based treatment helps!!



Child Trauma Screen (CTS)

A brief trauma screening measure for children

Lang & Connell, 2016

Benefits of the CTS:

- ✓ *Free to use*
- ✓ *Short (10 items)*
- ✓ *Empirically developed/supported*
- ✓ *Covers trauma exposure & symptoms*
- ✓ *Facilitates discussion about trauma*
- ✓ *Cutoffs to suggest further assessment*
- ✓ *Child and caregiver reports*
- ✓ *Available in English & Spanish*

The CTS may be used in many settings:

- ✓ *Behavioral health*
- ✓ *Child welfare*
- ✓ *Juvenile justice*
- ✓ *Schools*
- ✓ *Pediatric primary care*
- ✓ *Care coordination*
- ✓ *Home visiting services*
- ✓ *Shelters*

<https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/>



OUR WORK

Health

Mental Health

Evidence-Based & Best Practices

Trauma-Informed Initiatives

- Early Childhood Trauma Collaborative (ECTC)
- TF-CBT
- MATCH-ADTC
- CFTSI
- CONCEPT
- CBITS and Bounce Back
- **Child Trauma Screen (CTS)**
- Trauma ScreenTIME

School-Based Mental Health

Infant & Early Childhood

Child Trauma Screen

IDENTIFYING CHILDREN WHO NEED HELP

Many children suffer from trauma in silence and alone. Screening is a way to identify children that are experiencing high levels of distress and may need additional support to overcome trauma exposure. Screening is also important to facilitate discussions with youth and caregivers about trauma, to provide factual information about traumatic stress, and to offer a range of resources to families, including evidence-based treatment when indicated.

CHDI joined with the Connecticut Department of Children and Families and Yale to develop a brief trauma screening measure for children called the Child Trauma Screen (CTS; formerly called the Connecticut Trauma Screen).

The Child Trauma Screen (CTS)

The CTS is being used by behavioral health providers, pediatricians, school staff, child welfare workers, and juvenile justice staff to identify children who may be suffering from trauma exposure and need more comprehensive assessment or treatment.

Welcome, Mandatory Reporters!



We appreciate you taking the time to learn about your responsibilities as a mandatory reporter of child abuse and neglect.

This training is designed to be flexible. How long it will take depends on your learning style. For planning, expect to spend about two hours to complete this training.

[Are You a Mandatory Reporter?](#)

If you're a child welfare employee or foster parent who needs to take this course for credit, please [log in to your CWTS account](#) rather than proceeding here.

For all other learners, **remember to print or save your certificate upon completion**, as it cannot be saved in the system.

Let's get started !

[Begin Training Now](#)

<https://coloradocwts.com/public-training/mandated-reporter-training/>

CTS

Child Report (Age 6-17)

Also a caregiver
report version for
ages 6+

EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? <i>What was it?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Behaviorally-specific items assessing lifetime experience of traumatic events.

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?

	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Try to stay away from people, places, or things that remind you about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Hard to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Feel alone and not close to people around you.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Further assessment should be considered if scores are 6 or greater on the child report or 8 or greater on the caregiver report.

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

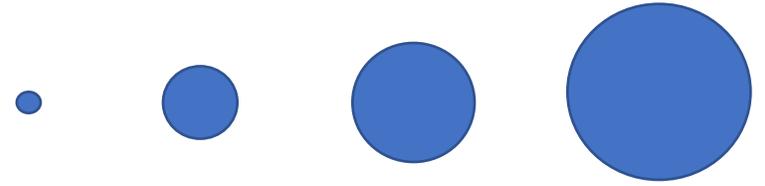
How often did each of these happen in the last 30 days?

Never/
Rarely 1-2 times
per month 1-2 times
per week 3+ times
per week

Since the last day of school ----- until today.



TODAY



Use everyday examples to test understanding of the scale.



REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?

Never/
Rarely 1-2 times
per month 1-2 times
per week 3+ times
per week

5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).

0 1 2 3

6. Try to stay away from people, places, or things that remind you about something that happened.

0 1 2 3

7. Trouble feeling happy.

0 1 2 3

8. Trouble sleeping.

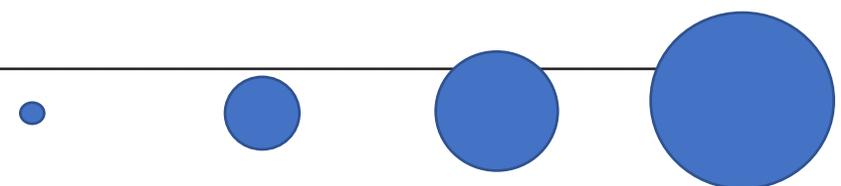
0 1 2 3

9. Hard to concentrate or pay attention.

0 1 2 3

10. Feel alone and not close to people around you.

0 1 2 3





U.S. Department
of Veterans Affairs

PTSD: National Center for PTSD

<https://www.ptsd.va.gov/professional/assessment/screens/index.asp>

Adult PTS Screening Tools:

- The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES NO
3. been constantly on guard, watchful, or easily startled?
YES NO
4. felt numb or detached from people, activities, or your surroundings?
YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES NO

Areas of Assessment

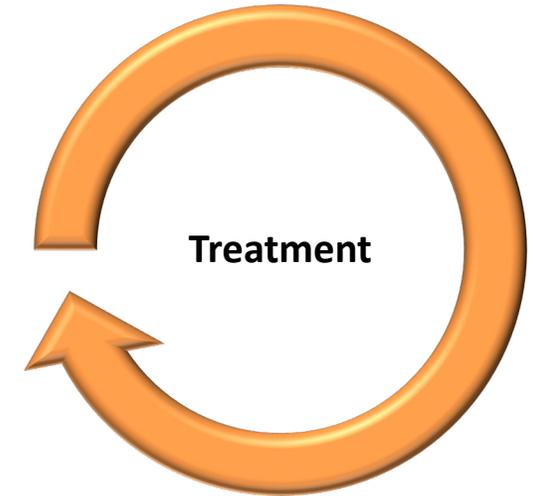


- Trauma History
 - Trauma exposure screen
- Mental Health Symptoms and Behavior Problems
 - Post-traumatic stress
 - Other mental health or behavioral symptoms
- Environment
 - Safety, support, relationships
 - System involvement and support for family
- Characteristics of Trauma
 - Frequency, chronicity, interpersonal, disclosure and response

Evidence-Based Practices

An evidence-based practice is a treatment or intervention with a combination of the following three factors:

- (1) best **research** evidence
- (2) best **clinical** outcomes
- (3) consistent with **client/family values**



(Institute of Medicine, 2001; CEBC, 2015)

Over 25 years of Clinical Research Evidence Based Interventions

Developed, Tested, and Ready for Implementation

Trauma-Focused Interventions for Children, Youth and Families:

- Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- Alternatives for Families Cognitive Behavioral Therapy – AF-CBT
- Eye Movement Desensitization Reprocessing - EMDR
- Child-Parent Psychotherapy – CPP
- Dialectic Behavior Therapy - DBT
- Multisystemic Therapy – MST

For Adults, Parents/Caregivers:

- Eye Movement Desensitization Reprocessing – EMDR
- Dialectic Behavior Therapy - DBT
- Cognitive Processing Therapy - CPT



THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE

FOR CHILD WELFARE

Information and Resources for Child Welfare Professionals



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Welcome to the CEBC:

California Evidence-Based Clearinghouse for Child Welfare

<https://www.cebc4cw.org>

The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

For information on our sister project, the California Training Institute (CalTrin), please visit www.CalTrin.org.



View Programs



Select and Implement Programs

Strategies for addressing the effects of traumatic experiences *can* be adapted for individuals with IDD.

- It is **best practice** to consider behavior in the context of emotional experiences.
- Enhancing protective factors and strengthening relationships is critical.

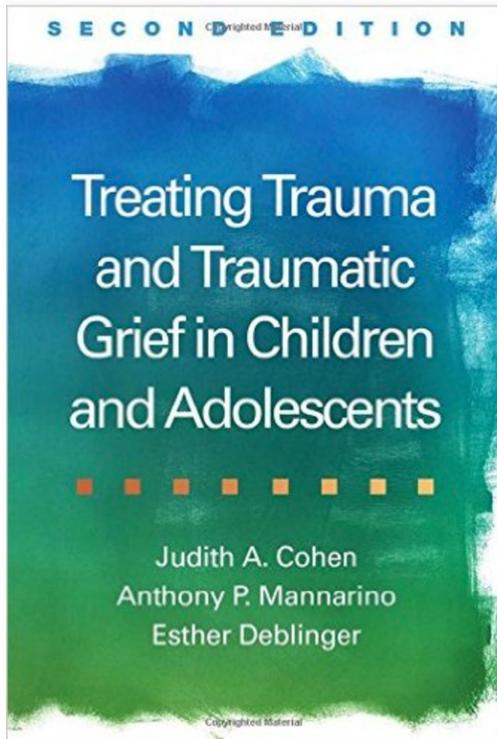


Prompt intervention, in response to traumatic experiences, can diminish the overall effects of traumatic stress for individuals with IDD.

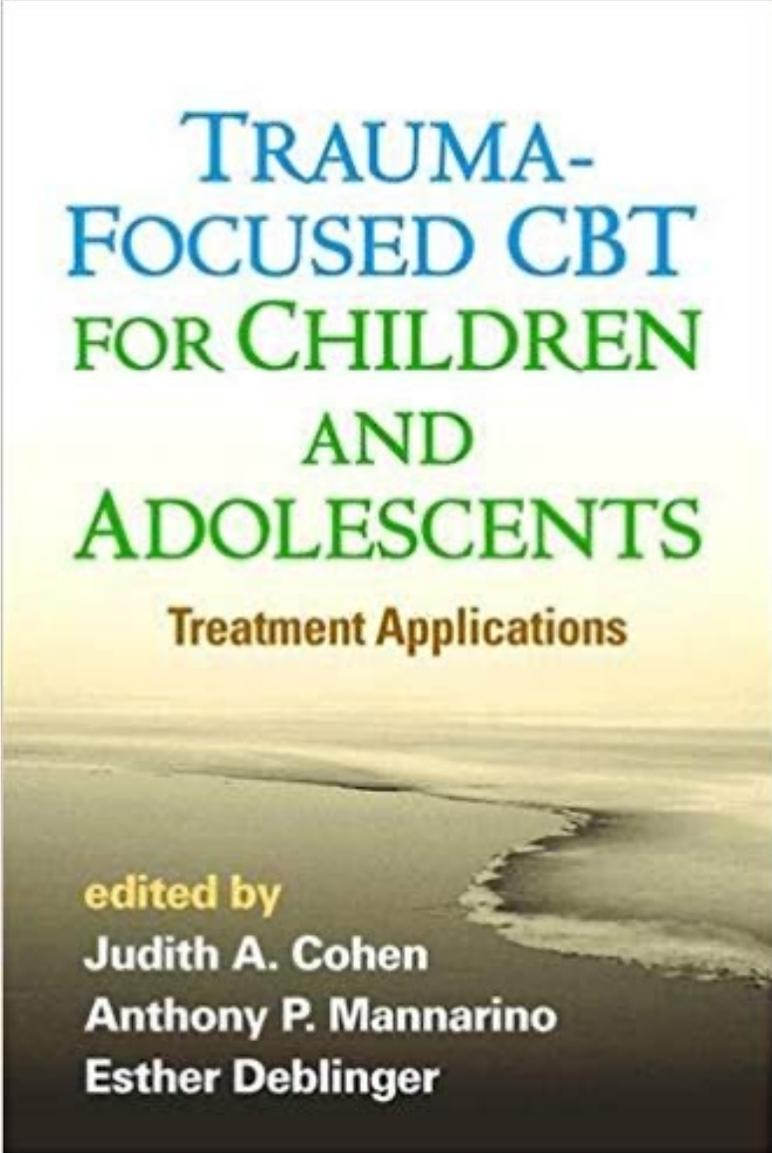
- Education
- Coaching
- Modeling & Mentoring
- Support Services

A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a particular child and family.

Trauma-Focused Cognitive Behavioral Therapy



tfcbt.org



TRAUMA- FOCUSED CBT FOR CHILDREN AND ADOLESCENTS

Treatment Applications

edited by

Judith A. Cohen

Anthony P. Mannarino

Esther Deblinger

6

Children with Developmental Disabilities

CHRISTINA A. GROSSO

OVERVIEW OF TF-CBT WITH CHILDREN WITH DEVELOPMENTAL DISABILITIES

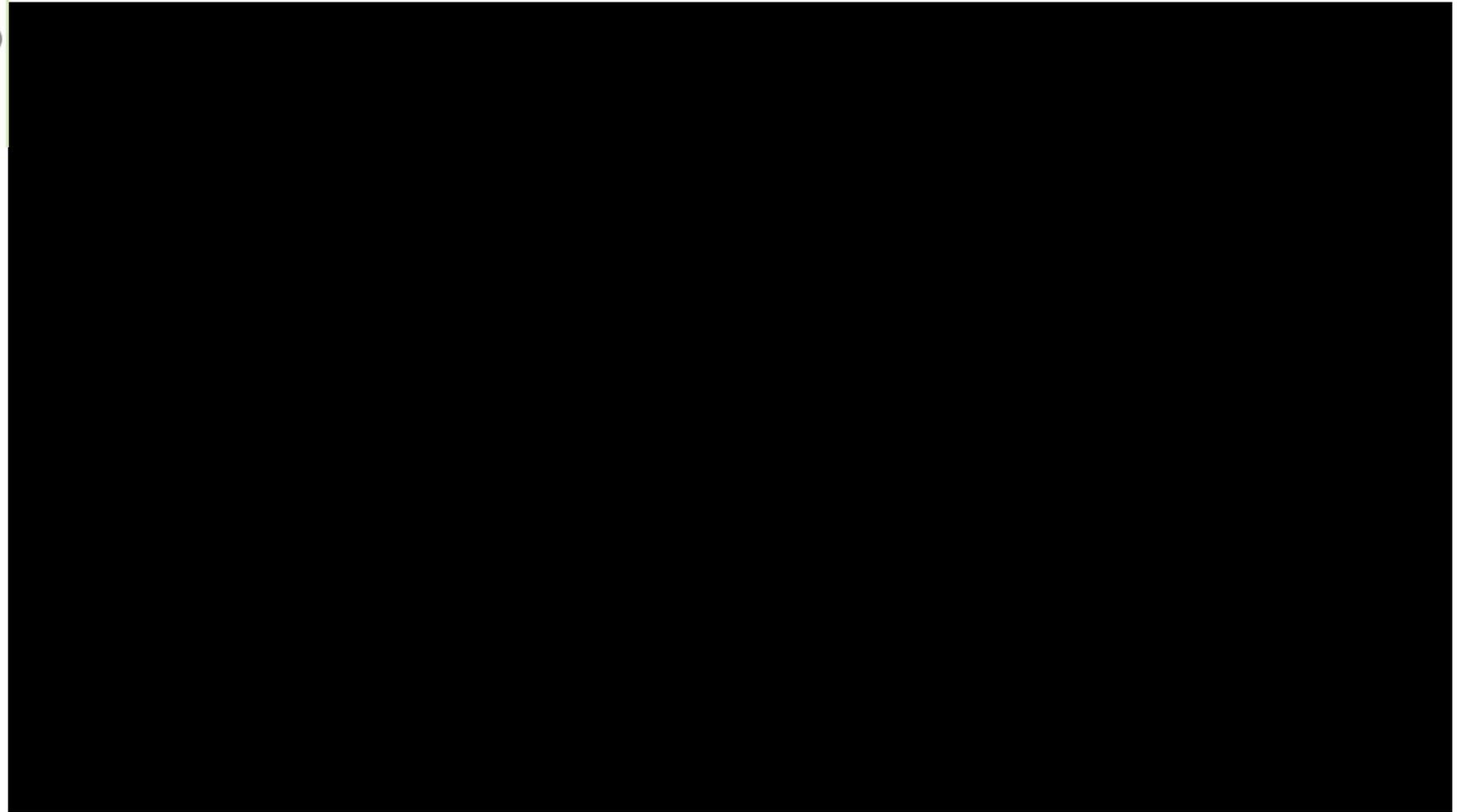
As we look at the emerging demographics in society today, we cannot ignore the need for specialized treatment for traumatized children with developmental disabilities. Developmental delays impact one in six children in the United States (Boyle et al., 2011), and these children are up to 10 times more likely to be maltreated than those who are not disabled (Goldson, 2002; Sobsey & Doe, 1991). With the prevalence of trauma in developmentally disabled children and the lack of trained professionals who are able to provide treatment (Charlton, Kliethermes, Tallant, Taverne, & Tisherlman, 2004), we are looking at a crisis in our mental health system. We need to understand how to adapt existing best practice to address the specific needs of the developmentally disabled.

The applications presented in this chapter are a result of the work done over the last 6 years implementing trauma-focused cognitive-behavioral therapy (TF-CBT) in several residential treatment facilities in New York State with children and adolescents with complex trauma and psychopathology (Cohen, Mannarino, & Deblinger, 2006). Of these children, many also suffered from various developmental disabilities, including but not limited to mild mental retardation, learning disabilities, receptive and expressive language disorders, and autism spectrum disorders, namely pervasive developmental disorder. As TF-CBT was initiated,



TF-CBT[®]

Trauma-Focused Cognitive Behavioral Therapy





What is Trauma Focused-CBT?

- **Components-based treatment** protocol
- Goal is to empower clients and families to recover
- Caregivers are an integral part of treatment
- Time limited, structured (12-20 sessions)
- Therapist is directive and active!
- Treatment settings: clinic, school, residential, home, inpatient



Who is TF-CBT for?

- Children and adolescents with known trauma history**
- Any type of trauma type – single, multiple, complex (abuse, DV, traumatic grief, disaster, accidents, etc.)
- Prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Parent/caregiver involvement is optimal, but not required (non-offending caregiver)



Why TF-CBT?

- Most rigorously tested treatment for traumatized children and youth (over 20 RCTs!)
- TF-CBT → greater improvement in PTSD, depression, anxiety, behavior problems compared to comparison or control conditions
- TF-CBT works for complex trauma
- A good fit for diverse cultural groups





TF-CBT: A PRACTICE

Assessment and case conceptualization

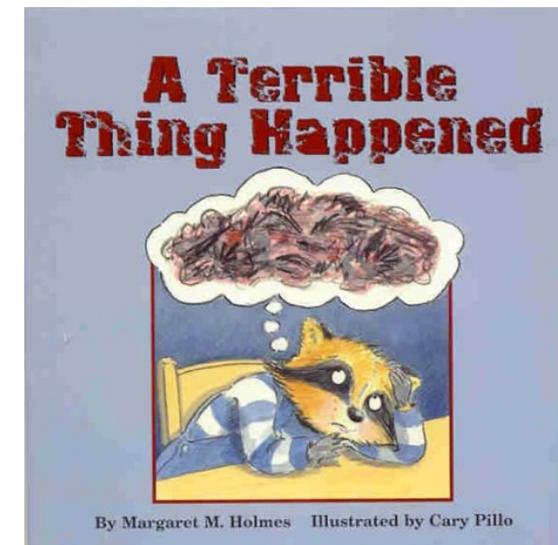
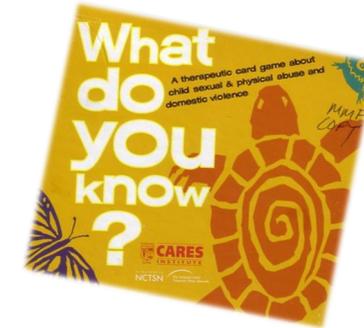
- **Psychoeducation**
- **Parenting skills**
- **Relaxation**
- **Affective modulation**
- **Cognitive coping**
- **Trauma narration and processing**
- **In vivo mastery of trauma reminders**
- **Conjoint child-parent sessions**
- **Enhancing future safety and development**





Psychoeducation

- Educate about trauma reminders and common reactions to traumatic experiences
- Provide information about PTSD or other trauma-related problems.
- Normalize reactions.
- Provide hope for recovery.



Cohen, 2014



Parenting Component

- Parents or caregivers receive individual time in sessions for all PRACTICE components.
- Caregiving skills to strengthen relationships including:
 - Praise, effective attention, warmth, behavior management skills
 - Help caregiver connect emotional and behavioral problems to trauma experiences



BEHAVIOR

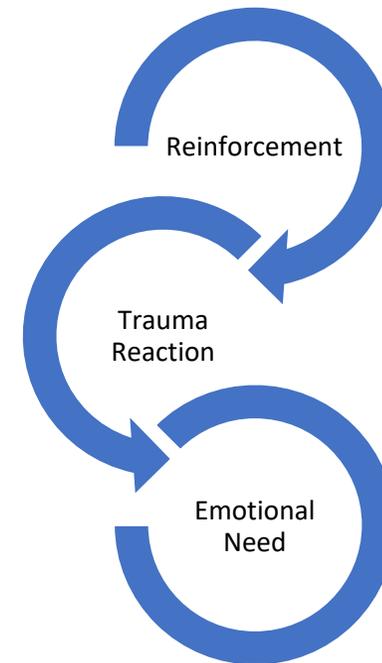


- Behavior is a form of communication
- Behavior serves a purpose or ***function***
- Behavior signals important needs

Why do behaviors repeat themselves?



- Reinforcement
 - + The behaviors are working to meet a need or achieve a goal
 - The behaviors are working to avoid or eliminate a negative or uncomfortable feelings
- Trauma-Related Reaction
 - e.g. Fight, Flight, Freeze, Friend
- Emotional need
 - e.g. Safety, security, hunger, self-efficacy, autonomy, connection



Child behaviors AND parent behaviors!



Relaxation Skills

Reverse physiological arousal effects of trauma through:

- Focused breathing, mindfulness
- Progressive muscle relaxation
- Exercise
- Yoga
- Meditation
- Songs, dance, blowing bubbles, reading, prayer, other relaxing activities
- Use relaxation strategies when trauma reminders occur





Affective Modulation Skills

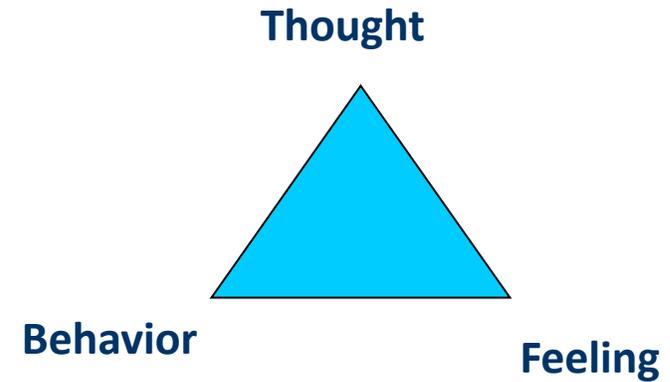
- Identify and modulate emotional states including:
- Body and emotion awareness
- Emotion regulation
- Positive distraction activities
- Developing skills to lessen the intensity of trauma reminders





Cognitive Coping

- Recognize connections among thoughts, feelings and behaviors
- Replace problematic thoughts with more accurate/ more helpful ones
- Child's cognitive processing of personal trauma experiences typically occurs during the next phase (the trauma narrative phase)





Trauma Narration and Processing

- Gradually develop a detailed narrative of client's personal trauma experiences.
- Process using cognitive strategies learned earlier (changing inaccurate/unhelpful thoughts about the trauma)
- Meaning-making, finding themes of resilience and healing



I'm not a therapist ... What should I do if someone starts sharing their trauma?

- Thank the person for sharing with you
- Acknowledge the feelings or emotional experience
- Support coping

We will go more in-depth with skills you can use this afternoon!





In-Vivo Mastery of Trauma Reminders

- For increasing sense of mastery over fears / trauma triggers (e.g., school, bathroom) and reducing avoidance
- Develop fear hierarchy, gradually master increasingly feared stimuli





Conjoint Sessions

- Client shares narrative with a supportive caregiver with support from therapist
- Enhance child-parent trauma-related and general communication





Enhancing Safety and Future Development

- Safety plans for specific, needed situations
- Social skills, problem solving, risk reduction
- Additional skills based on individual needs



Questions to Ask Treatment Providers:

- Do you provide services to individuals with IDD who have had traumatic experiences?
- How do you determine whether a client needs trauma-specific therapy (e.g., screening/assessment tools)?
- How familiar are you with evidence-based treatment models designed & tested for treatment of trauma-related symptoms?
- Can you describe the core components of your treatment approach?
 - Short-term (months, not years)
 - Goal-oriented
 - Skills-focused



tfcbt2.musc.edu
\$35 11 CEUs

En Español:
<https://tfcbt-es.musc.edu>



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TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future
Development



Essential Messages:

Working with Individuals with IDD who have Experienced Trauma

6. Partner with agencies and systems to ensure earlier and more sustained access to services.

7. Ensure that trauma-informed services, treatments and systems drive the recovery plan.

Resources for Families



www.NCTSN.org

Many resources!

Teen sexual assault is any sexual contact that a teen does not freely agree to (“consent”). Agreeing under emotional or physical pressure (“coercion”) is not consenting. We use the term “sexual assault” when the person who committed the assault—the perpetrator—is someone outside the family, and the term “sexual abuse” when the perpetrator is a family member. Sexual assault does not always include intercourse. Sexual assault includes any contact with private body parts (e.g., breasts, genitals, buttocks) that is unwanted, not agreed on, or forced on someone.

Consent

Consent means making an active choice to agree. If your teen felt they had no good option, it was not consent. If someone tries to convince your teen to do something sexual—even if he or she has done it with

Coercion

If your teen is feeling pressured to do something sexual and does not know how to get away from the situation, or is afraid that saying “no” will break up the relationship, it may be a sign that he or she is being

FUTURES WITHOUT VIOLENCE

NCTSN The National Child Traumatic Stress Network

Children and Domestic Violence

How Does Domestic Violence Affect Children?

Domestic violence is a pattern of behavior that one person in a relationship uses to control the other. The behavior may be verbally, emotionally, physically, financially, or sexually abusive. You as a parent may have left an abusive relationship or you may still be in one. This fact sheet is **#1** in a series of 10 sheets written to help you understand how children may react to domestic violence, and how you can best help them to feel safe and valued and develop personal strength. For other fact sheets in the series, visit www.nctsn.org/content/resources

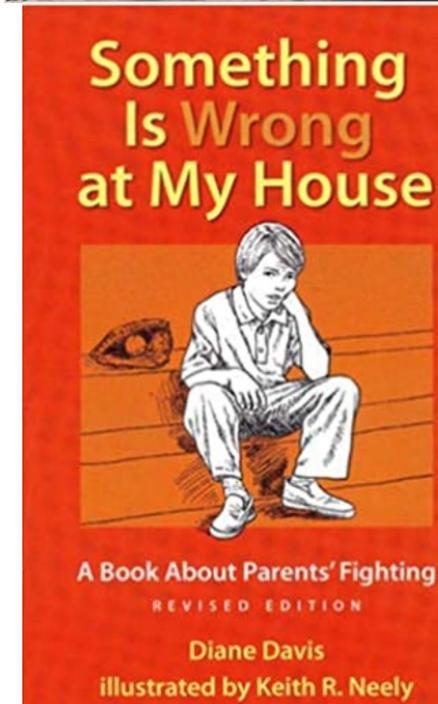
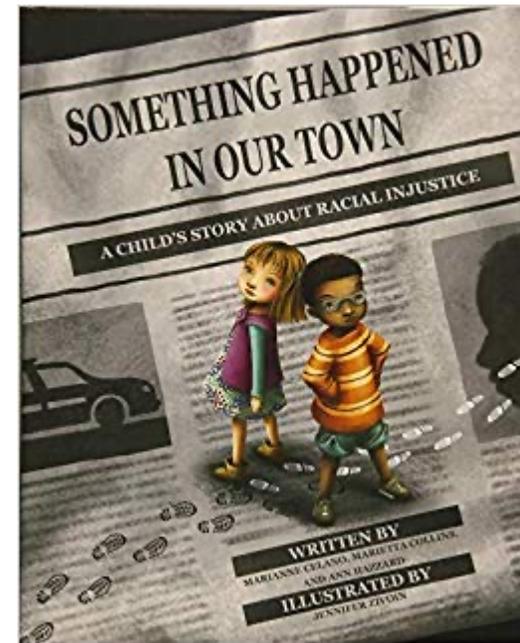
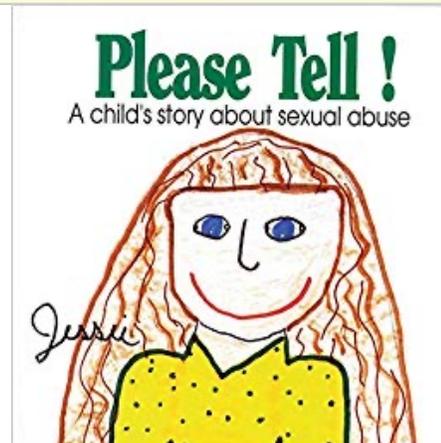
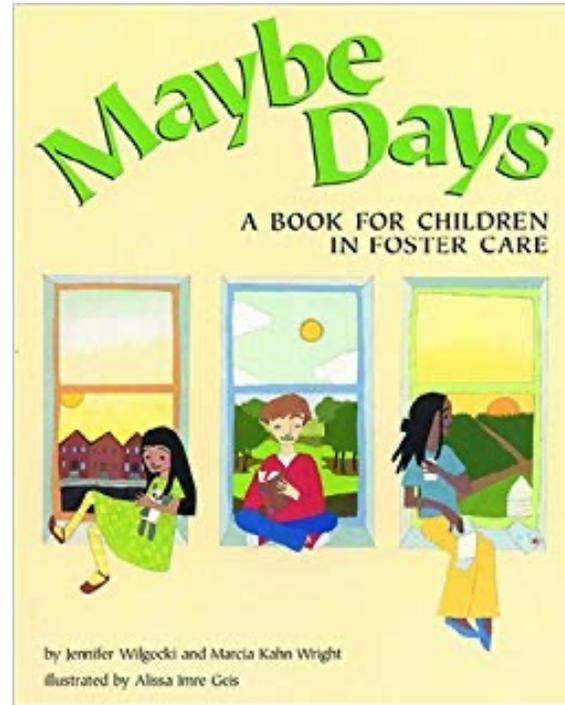
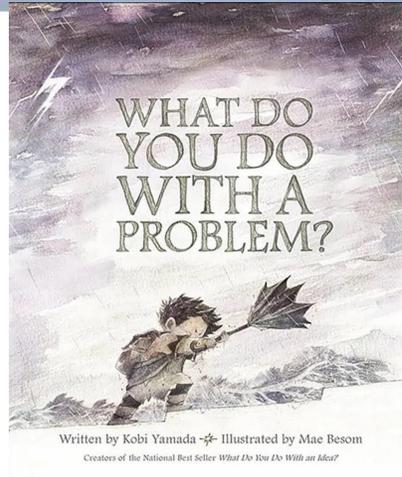
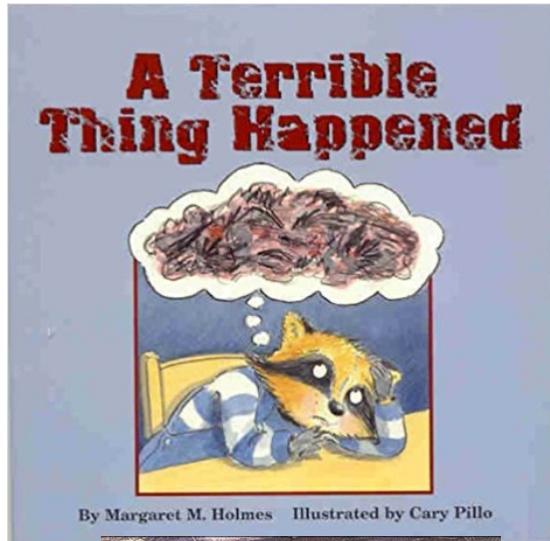
Children experience domestic violence in many ways. They may hear one parent threaten or demean the other, or see a parent who is angry or afraid. They may see or hear one parent physically hurt the other and cause injuries or destroy property. Children may live with the fear that something will happen again. They may even be the targets of abuse.

Most children who live with domestic violence can recover and heal from their experiences. One of the most important factors that helps children do well after experiencing domestic violence is a strong relationship with a caring, nonviolent parent. As a caring parent, you can promote your children's recovery by taking steps to increase safety in the family, helping your kids develop relationships with other supportive adults, and encouraging them in school or other activities that make them feel happy and proud.

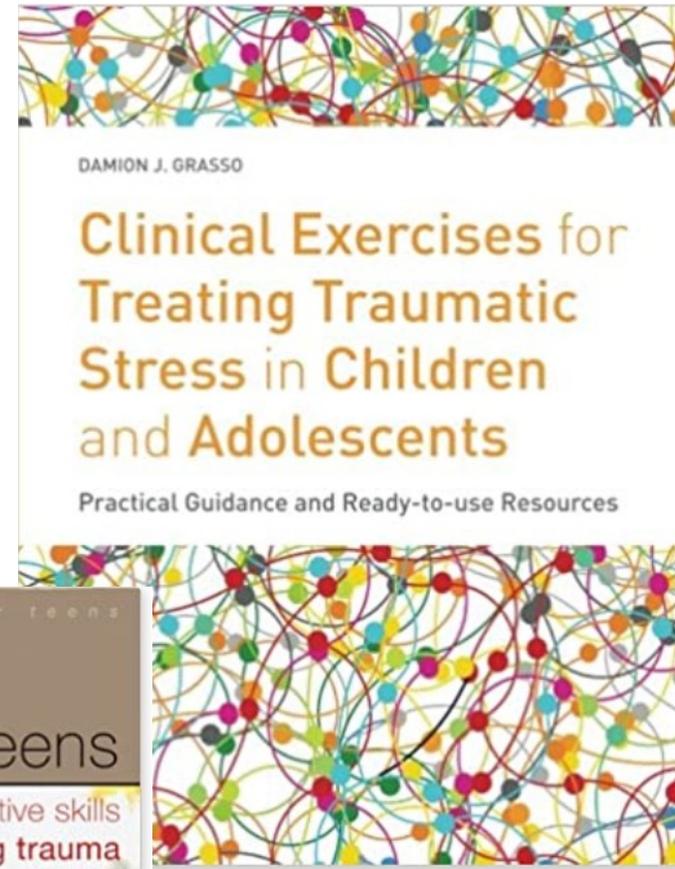
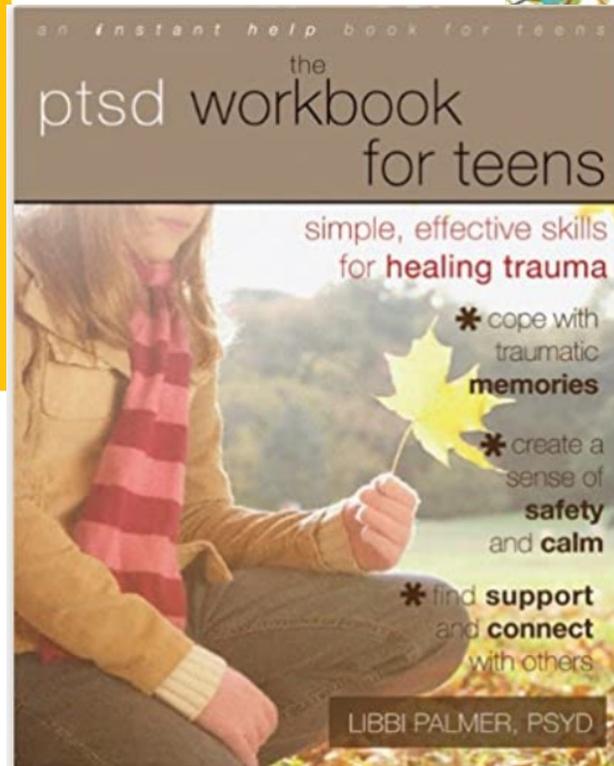
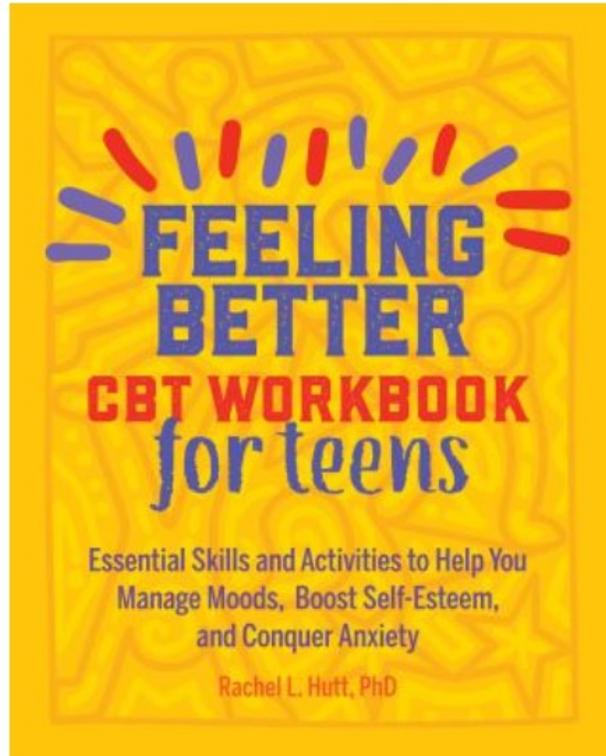
HOW CHILDREN RESPOND TO DOMESTIC VIOLENCE

Children and parents living with domestic violence seek support in different ways. They may

Books for Children



Workbooks



What does resilience mean to you?



Resilience is the ability and capacity to adapt, persist, and respond to significant life change, stress, adversity, and/or trauma.



Resilience is common and possible through many pathways!

Resilience

- Resilience is universal and the ways we express resilience are embedded in our varying cultures.
- It can be cultivated and taught.
- It is a dynamic process that involves the interplay between the individual, family, community, and society.



Image: Pinecrest Presbyterian Day School

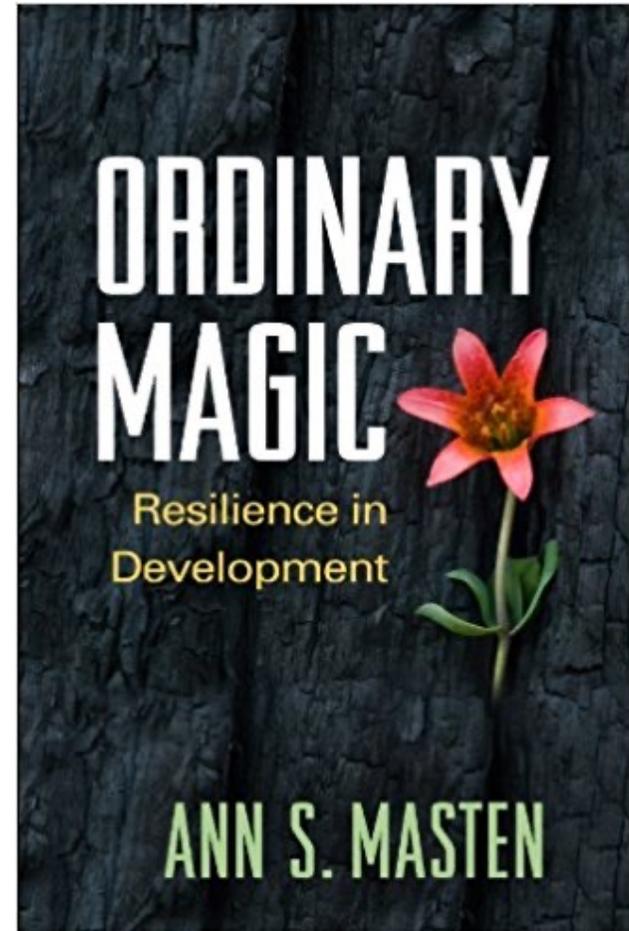
VIDEO: THE SCIENCE OF RESILIENCE





Positive experiences, nurturing environments, and coping skills change the resilience equation, even in the face of trauma or adversity.

“The powerful engines for resilience, the most protective systems, are completely ordinary and common.”



WHAT PROMOTES RESILIENCE?

- Write or think independently for one-minute first



VIDEO: HOW RESILIENCE IS BUILT



What Promotes Resilience?

Decades of research have identified a common set of resilience-promoting factors:

- Effective caregiving and parenting quality
- A close, supportive relationship with a trusted adult
- Close friends
- Access to sources of faith, hope, and spiritual and cultural traditions
- Being part of a community, sense of purpose, part of something bigger than yourself
- Social and Emotional Skills

What Promotes Resilience?

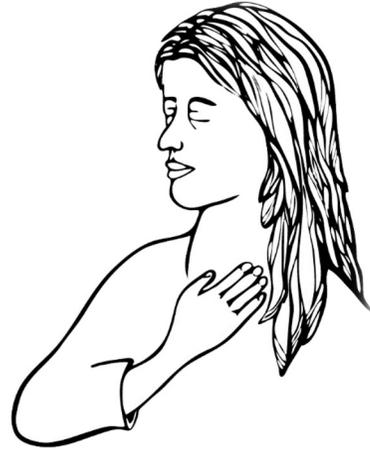
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- Close friends
- Access to sources of faith, hope, and spiritual and cultural traditions
- Being part of a community, sense of purpose, part of something bigger than yourself
- **Social and Emotional Skills**



“The single most effective protective factor is the consistent presence of one or more caring adults, therefore parents and other close caregivers ultimately hold the greatest power in their hands. As a provider who cares for families, you can remind parents of this powerful ability to buffer trauma’s negative effects and to help them leverage it.” (Sesame Street Caring in Communities, 2017)

Resilience begins with us, the adults.

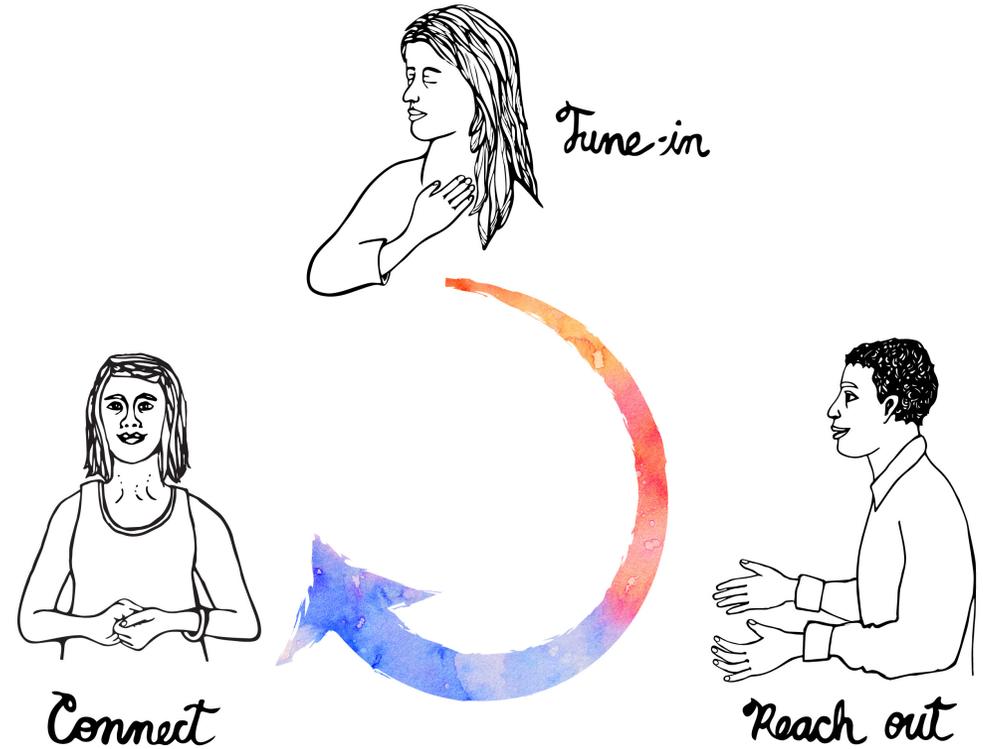


First, we build and engage our own resources for self-care, emotional awareness and regulation, in order to remain calm, attuned and effective with those in our care, including those impacted by trauma.





**LET'S
CONNECT®**





LET'S CONNECT[®]

Developers:

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University of Colorado
Boulder



LET'S CONNECT

LC is a parenting intervention that helps caregivers identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence and sense of emotional security. LC skills are taught through a combination of didactics, role-plays, and live in-session coaching—in which the therapist serves as a coach as the caregiver talks with their child about emotionally arousing life events—and structured home practice. LC is currently developed for English- and Spanish-speaking families and clinicians.

<https://www.nctsn.org/interventions/lets-connect>

GENERAL INFORMATION

Treatment Description

What is Let's Connect?

Let's Connect (LC) is a parenting intervention that teaches caregivers to identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence, sense of emotional security, and overall well-being and mental/behavioral health. Let's Connect does this in four primary ways:

- Provides caregiver education about resilience, social and emotional development, family emotional climate, children's behavioral challenges, and other topics specific to each family, including child trauma.
- Builds caregivers' social and emotional skills and well-being, including caregiver self-awareness, perspective-taking, emotional regulation, mindfulness, and supportive presence.
- Teaches caregivers specific skills for interacting with their child in a way that promotes supportive caregiver/child relationships (e.g., caregiver warmth, supportive presence, acceptance/validation of emotion), child social and emotional competence, and children's mental/behavioral health and well-being.
- Supports caregivers in developing intentional environments that integrate rituals, routines, and daily rhythms into the home to promote predictability, consistency, and opportunities for connection.

Let's Connect skills are grounded in developmental and clinical research. Research shows that caregiver response to child emotion is central to fostering children's social and emotional competence (e.g., emotion regulation), emotional security, mental/behavioral/physical health, and overall resilience. LC offers individualized training. skills



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Helps caregivers to:

- Build emotional awareness and regulation
- Identify and respond to emotional needs
- Promote supportive relationships
- Support the development of social emotional competencies
- Address challenging behaviors





**LET'S
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Helps youth to:

- Develop emotional security in relationships with supportive adults
- Develop skills for co-regulation and self-regulation
- Develop emotional awareness and emotion identification skills

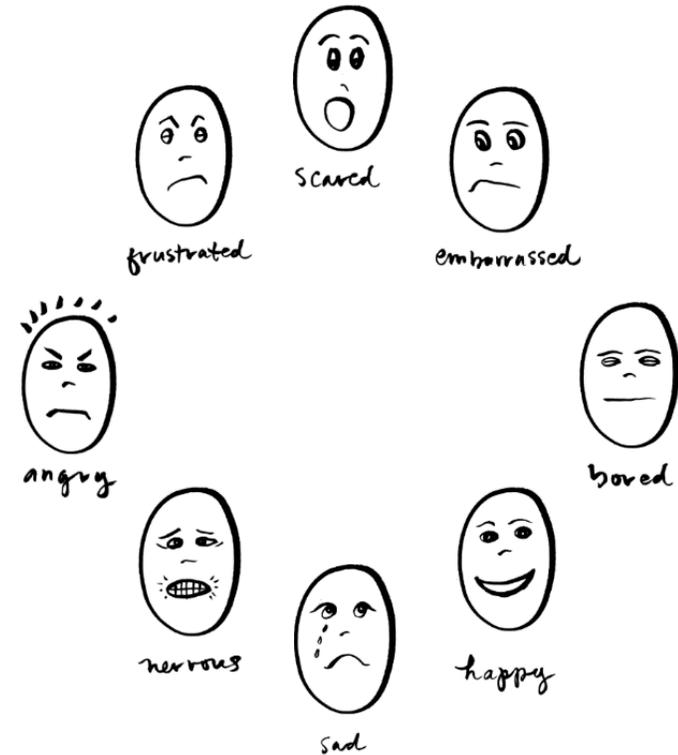




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Social Emotional Skills

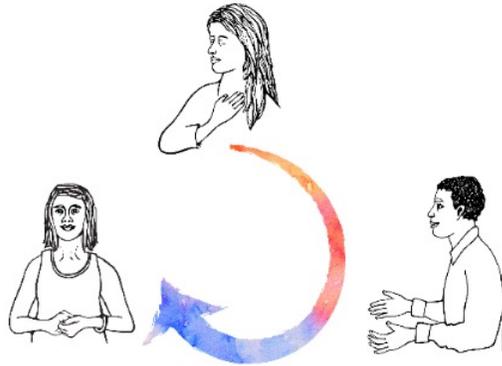
- Emotion awareness
- Emotion understanding
- Emotion acceptance
- Emotion expression
- Emotion regulation
- Perspective taking
- Empathy and compassion
- Supportive response to others' emotions





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Components & Skills



Hand-to-Heart Three Steps

- Caregiver emotional awareness
- Caregiver emotion regulation
- Caregiver self-care

Intentional Environments

- Routines, Rituals and Rhythm
- Order
- Roles and Responsibilities

Connection Skills

- Notice and Appreciate
- Listen to Learn More
- Label feelings

Emotion Support

- Empathy
- Normalizing
- Showing Care and Kindness

Emotion Coaching

- Extending Child's Understanding of Emotion
- Coping Strategies
- Problem-Solving



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Hand-to-Heart Three Step Process



Tune in
What am I feeling?
What do I need?



Connect

How can I connect with my child?
How can I connect my resources
with my child's needs?



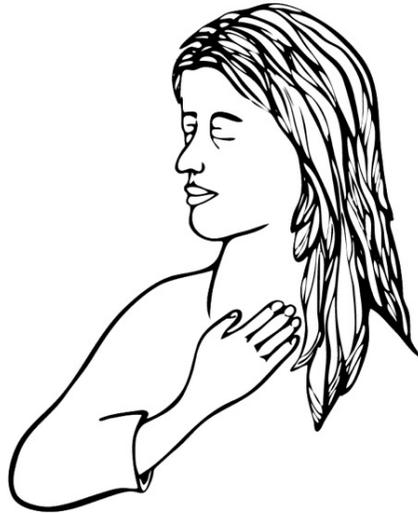
Reach out

What is my child feeling?
What does my child need?



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STEP 1: TUNE-IN



What am I feeling?
What do I need?
What is my experience?

This is a gesture of self-care that builds self-awareness and acknowledges that feelings reflect important needs.

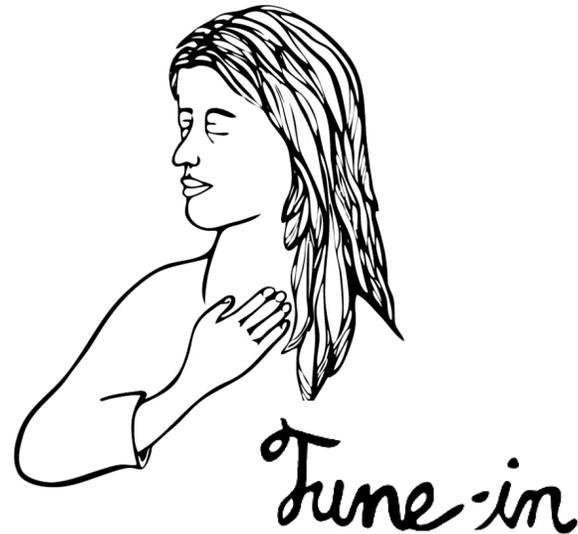
It also calms the body and mind and helps us to tap into our intuition, creativity, and wisdom.

This pause and reflection promotes an response versus reaction.



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Benefits of Starting with **Tune-In**



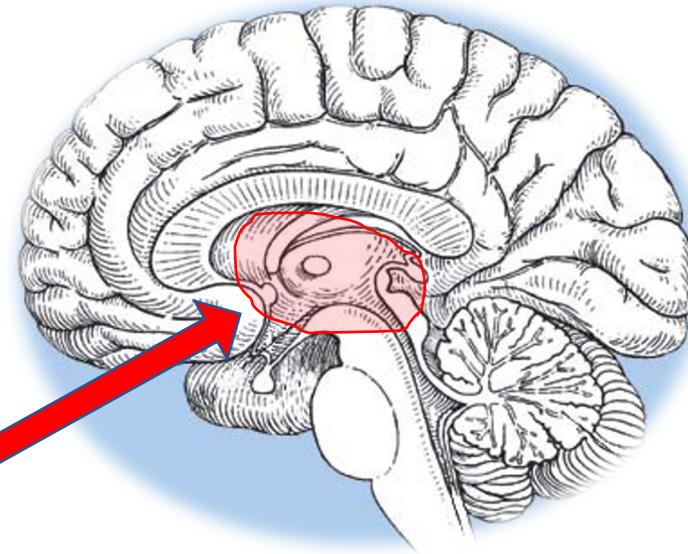
- Labeling Emotion
- Physical Touch
- Breath



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Emotions And The Brain

When we experience intense emotions, the emotional centers of our brain are activated. These areas set our minds and bodies into motion quickly!



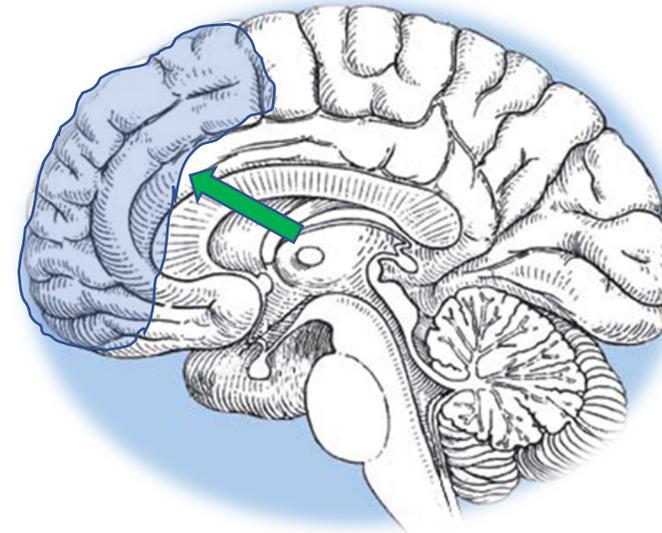
The actions we take when in this state are often more **reactive** than they are responsive.



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Hand-to-Heart: Labeling Emotions

Labeling our emotions helps to shift brain activity from the Emotion Response Center (Amygdala) to the Reasoning Center of the brain (Prefrontal Cortex)



The Prefrontal Cortex helps us to slow down, think, plan and make decisions using information about the situation and our emotions.



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Purpose of Emotions

Not only does labeling our emotions have a calming effect on our minds; it also **offers important information** about our own needs.

Emotions have a purpose! You can think of them as “helpful guides”



*“That which you seek,
inside you will find.”*

- Yoda



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What is the Purpose?



This emotion...
Fear or anxiety

...lets you know that...



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What is the Purpose?



This emotion...

Fear or anxiety

...lets you know that...

A situation is potentially unsafe.

Fear elicits safety-related behaviors and alerts others that help or protection may be needed.



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What is the Purpose?



This emotion...

Fear or anxiety

Anger

...lets you know that...

A situation is potentially unsafe.



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What is the Purpose?



This emotion...

Fear or anxiety

Anger

...lets you know that...

A situation is potentially unsafe.

There is some obstacle or problem to solve or overcome.

Anger is also an important “check engine light”;
There may be underlying feelings.



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What is the Purpose?



This emotion...

Fear or anxiety

Anger

Sadness

...lets you know that...

A situation is potentially unsafe.

There is some obstacle or problem to solve or overcome.



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What is the Purpose?



This emotion...

Fear or anxiety

Anger

Sadness

...lets you know that...

A situation is potentially unsafe.

There is some obstacle or problem to solve or overcome.

You may need help, comfort or support.

Sadness is an emotion that, when expressed outwardly, typically draws others towards us for support.



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What is the Purpose?



This emotion...

Fear or anxiety

Anger

Sadness

Joy or Delight

...lets you know that...

A situation is potentially unsafe.

There is some obstacle or problem to solve or overcome.

You may need help, comfort or support.



**LET'S
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What is the Purpose?



This emotion...

Fear or anxiety

Anger

Sadness

Joy or Delight

...lets you know that...

A situation is potentially unsafe.

There is some obstacle or problem to solve or overcome.

You may need help, comfort or support.

You want to continue the interaction or experience; increase connection; meaning

When we experience joy and delight something is going well.



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Purpose of Emotions

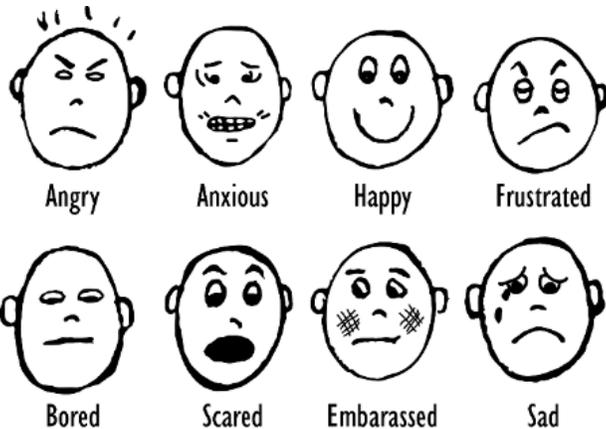
Emotions are not just internal feeling states

Emotions signal important need to us and to others

Emotions are goal-directed

Emotions are relational in nature

Emotions help us to adapt within our context





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Video Example



What is Nemo's dad feeling?

What do you think is the purpose of his emotion?

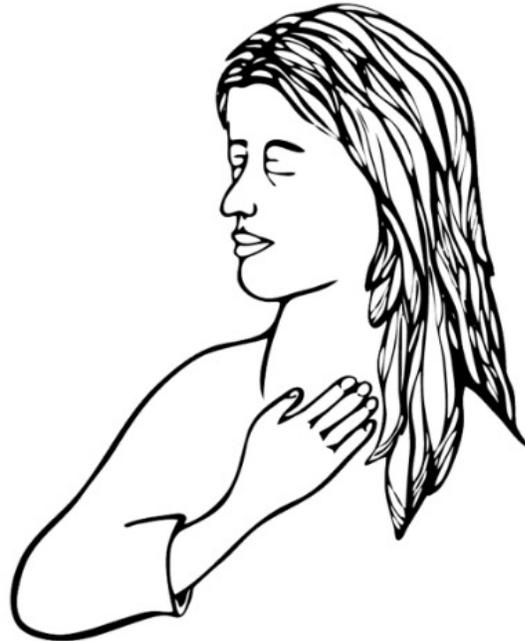
What does the emotion tell us about his goal?

What gets in the way?



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Hand-to-Heart: Physical Touch



Gentle touch **activates the vagus nerve system**, which can slow our breathing and heart rate and calm our cardiovascular system during times of stress (Makiuika, 2011).

Gentle touch **releases oxytocin**, a hormone which facilitates human bonding, stress reduction and general wellbeing (Uvnäs-Moberg et al., 2015).



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Hand-to-Heart & Compassion

Gentle touch, including the hand-to-heart gesture, activates the **orbitofrontal cortex**, an area of the brain associated with greater emotional awareness and compassion (Keltner, 2010; Singer & Klimecki, 2014)



IMAGE CREDIT: <https://highlandernews.org/25434/25434/>

Let's Connect™ 2020



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Emotion Awareness in the Body



(Shah, Catmur & Bird, 2017)

- Having better awareness of your own heart rate is linked with better awareness of the emotional state of others.
- Tuning-in to ourselves is an important first step to understanding the feelings and needs of others.

Audio: <http://www.bbc.co.uk/programmes/p051psz0>





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(Diaphragmatic/ “Belly”) Breathing

- Calms the nervous system
- Reduces stress/anxiety
- Improves overall energy
- Improves physical health

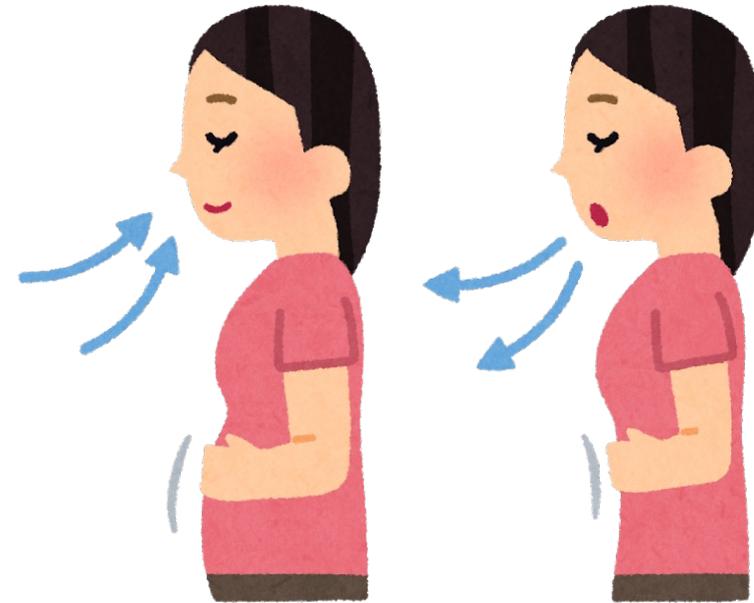


IMAGE CREDIT: Sesame Street in Communities



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Hand-to-Heart: Breathing

Place your hand on your heart

Tune in and ask yourself, “What feelings and body sensations are here? What is going on for me right now?”

Breathe

Take a slow deep breath all the way into your belly. Follow your breath all the way in and all the way out, all the way in and all the way out, until you experience a calming sensation.

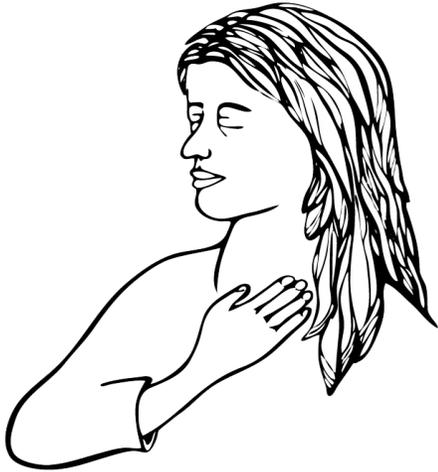
Bring awareness back to the room

Bring your awareness back to interaction and/or work at hand. Notice how you feel in the interaction.



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Activity: Hot Pencil



**WHY DO WE BEGIN BY FOCUSING ON OURSELVES
(CAREGIVERS/PROVIDERS)?**

**HOW MIGHT STARTING WITH OURSELVES BENEFIT THE
INDIVIDUALS WE ARE SUPPORTING?**

Essential Messages:

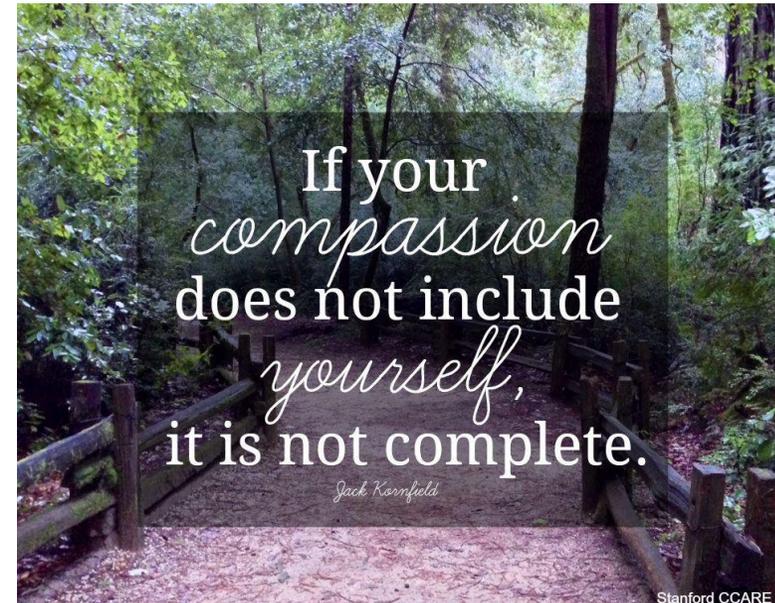
Working with Individuals with IDD who have Experienced Trauma

8. Practice ongoing self-care or well-being practices in order to increase effectiveness in delivering high quality support, services and treatment.

Well-being...

At its core, well-being involves intentional choices to:

- Reconnect with our sense of purpose and meaning: Why do you do this work?
- Reflect on successes throughout our day JUST AS OFTEN (or more!) than our struggles
- Reconnect with ourselves in a way that is gentle and compassionate
- Connect with supportive people in our lives in genuine and vulnerable ways
- Prioritize self-care even when it is not convenient





**LET'S
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Hand-to-Heart Three Step Process



Tune in
What am I feeling?
What do I need?



Connect

How can I connect with my child?
How can I connect my resources
with my child's needs?



Reach out

What is my child feeling?
What does my child need?



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Step 2: Reach Out

How does the other person feel?

What do they need?

What is their perspective? their experience?

What does this person's emotion or behavior communicate about what they might need?





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Step 2: Reach Out

Our perspective on others' needs may be heavily influenced by our own past experiences and our biases.

These biases can be related to our beliefs about specific types of disabilities.

Past experiences Biases





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Step 3: Connect

How can I connect my resources to meet my own needs, and the needs of others, and build our connection?



You have resources within yourself and in your community.



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Connection Skills

- Notice and Appreciate
- Listen to Learn More
- Label feelings



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Notice



CONNECTION SKILLS

Noticing involves making eye contact and/or using body language that conveys “I see you” and “You matter to me”

Examples: A wave, fist bump, hug or some other type of greeting or acknowledgement

Describing positive or neutral things that you notice about the other person’s choices, ideas, or interests.

Examples:

“You chose to put carrots in the salad today.”

“Your color choices are so creative!”



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Appreciate



CONNECTION SKILLS

Expressing gratitude for the other person

Examples:

“Thank you so much for sharing that with me...”

“I appreciate your help getting the meal ready today...”

Making affirming statements

Examples:

“I really enjoy spending time with you....”

“You always have a nice way of making your friends smile...”



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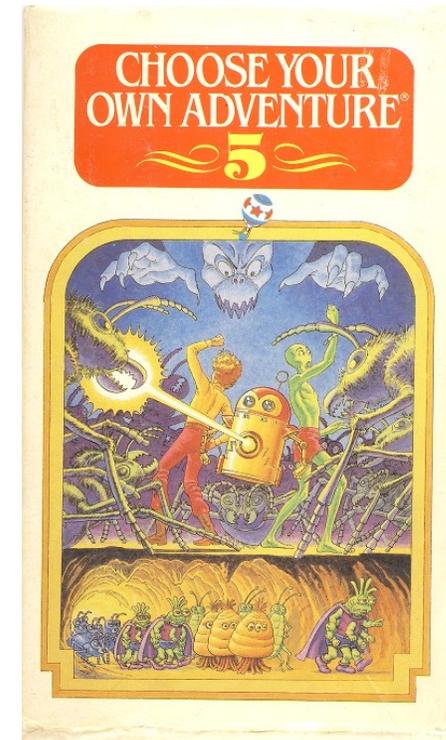
Listen to Learn More



CONNECTION SKILLS

‘Listen to Learn More’ skills can be thought of as reflective listening skills with an emphasis on learning about someone’s **feelings** and **subjective experiences**.

- Use positive, interested body language
- Reflect and repeat what has been said
- Go slow
- Ask helpful, open-ended questions
- Label feelings





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Group Brainstorm

- How do you know that someone is really listening to you?
- What behaviors do you notice?
- How does it feel?





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Reflect, Repeat

- Reflect or repeat back what the person is communicating
- Summarize or paraphrase what has been shared
- Mirror actions
- Share focused attention
- Describe what the other person is doing

Reflection and noticing shows others that you are present, interested, and attending to what they are saying and experiencing.





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Go Slow, Pause & Comfort with Silence



CONNECTION SKILLS

- Speak slowly and clearly to support understanding
- Say one thing or ask one question at a time
- Pause to show patience
- Give space and time for a full response and to show true interest





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Ask Helpful, Open-ended Questions

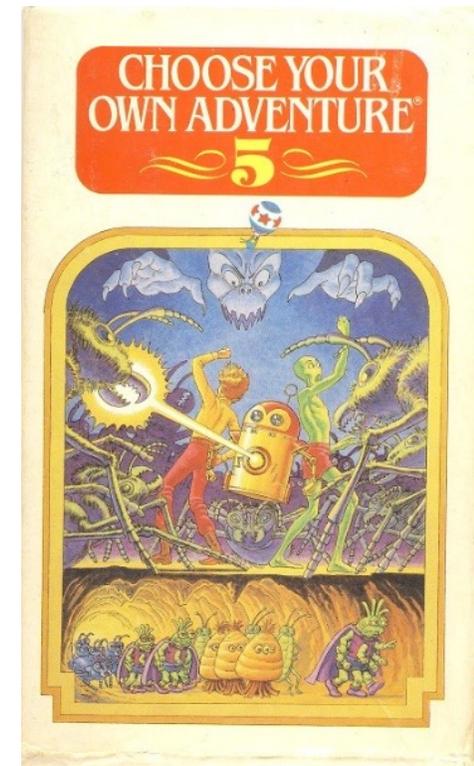


CONNECTION SKILLS

- Helpful questions are most often open-ended.
- Helpful questions serve to understand the other person's perspective and emotional experience.

“What was that like for you?”

“How did that make you feel?”





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Label Feelings



CONNECTION SKILLS

- Reflect feeling words that others use
- Offer a label for feelings you notice

It looks like you might be feeling....

I wonder if you might be feeling....

- Ask about specific feelings



Labeling feelings helps individuals to better understand their emotional experiences, which is foundational to healthy emotion regulation. It is also a form of validation.



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Label Feelings



CONNECTION SKILLS

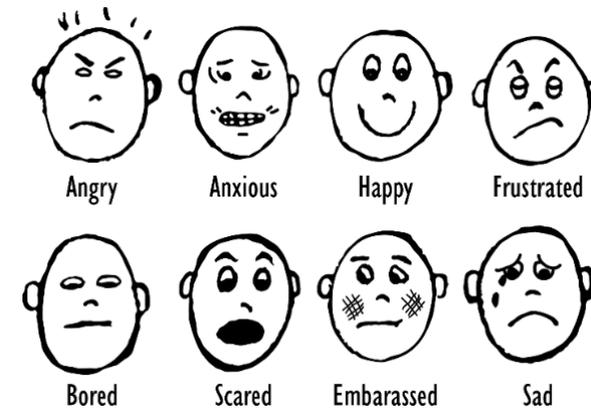
Some people need support in labeling and understanding what they are feeling (emotional awareness)



"I feel...."



*"It seems that
you are
feeling...."*





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All of us fall into traps some of the time!

- Too many questions, fast pacing
- Questions focused on situational details, fact-finding
- Focusing on disruptive behavior
- Jumping too quickly to problem solving)
- Taking the focus off of the other person's experience

OOPS!



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Emotion Support

- Empathy
- Normalizing
- Showing Care and Kindness



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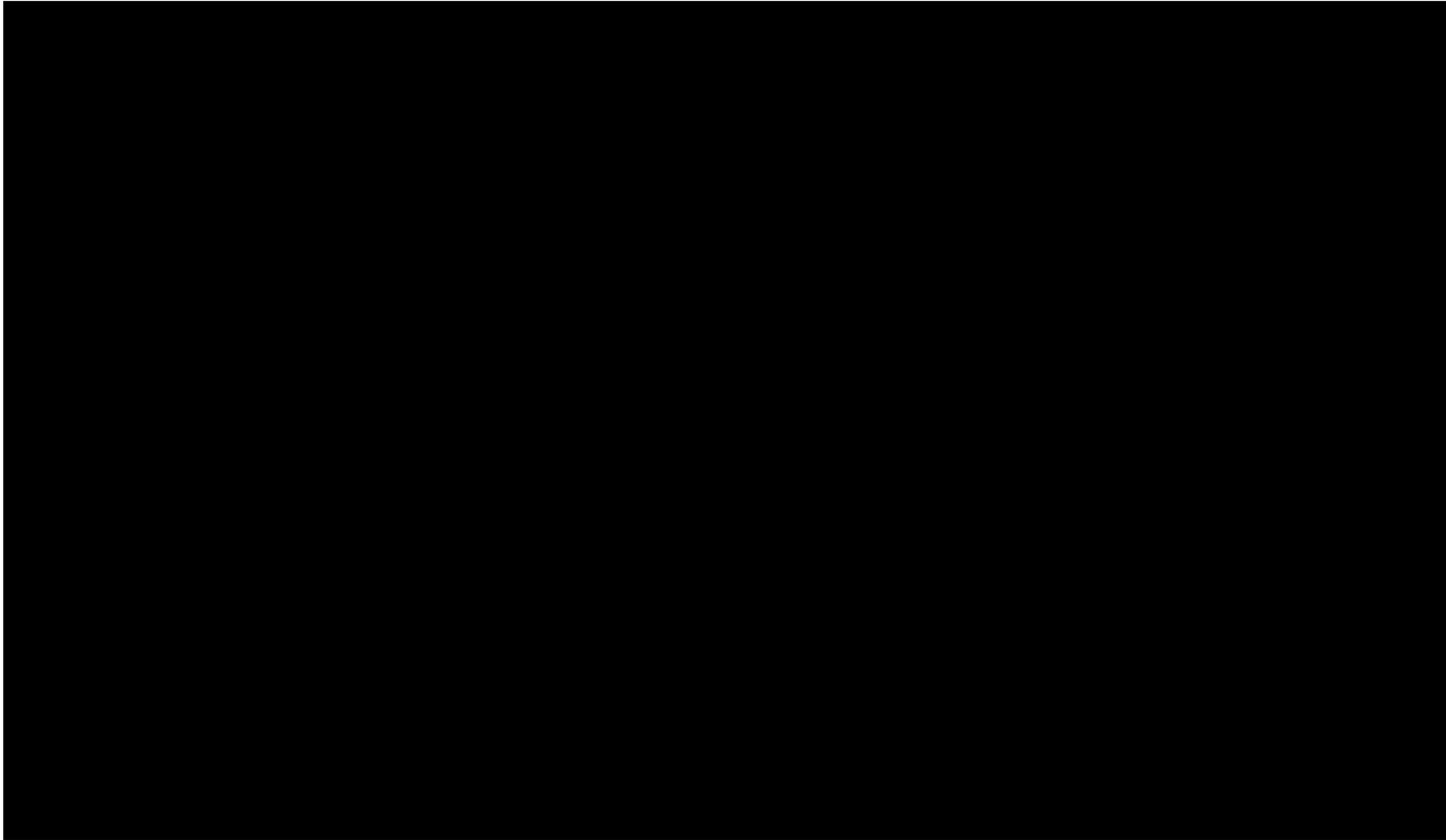
Reflecting on Feeling Supported

Recall a recent example of an emotional interaction where you felt supported, understood or accepted by another adult. What did this person do that contributed to your feeling of being supported?

How do you know when you are being “supported” (understood, accepted)?

How do your friends/partners show you support when you are sharing your feelings?”

Video Discussion





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Empathy



EMOTION
SUPPORT SKILLS

Helps the other person feel supported and understood.

“I understand how that would make you really angry.”

“That makes sense”; “That’s understandable”

Involves presence with the other person’s emotional experience.

- You can convey empathy even with quiet presence.

Video Discussion





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Normalizing



EMOTION
SUPPORT SKILLS

Communicate that you (or others) have felt the same way.

“I know others who feel that way, too”; “That’s quite common.”

“It makes me feel scared, too, when I hear that news.”



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Demonstrating Care



EMOTION
SUPPORT SKILLS

Show care/kindness in response to the other person's emotional display

- Use simple gestures, tone, and body language to convey understanding and kindness.
- Use physical affection, as appropriate for your relationship.

Video Discussion



Video Credit: Pixar Animation Studios, Walt Disney Pictures



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What does it sound like?



EMOTION
SUPPORT SKILLS

I understand...

That makes sense....

That's really normal

I can see how that would be _____

I can understand why you felt/feel _____

I would have felt that way too if...

I bet others feel that way...



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EMOTION SUPPORT TRAPS

OOPS!

- **Trying to “fix” too soon**
- **Minimizing** *“It’s not a big deal. You’ll be okay. Don’t be so upset.”*
- **Silver linings** *“At least...”*
- **Judgmental questions or tone** *“You were mad?”*
- **Doubt/Disbelief** *“You really felt sad about that!?”*
- **Invalidating Body language** *Rolling eyes, shaking head, arms crossed*
- **Hanging out to dry** *No response to a child sharing important feelings*
- **Criticism/blame** *“Maybe if you hadn’t _____, you wouldn’t feel so sad”*



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Getting Back on Track

Hand to heart – Tune In

Take a breath.

Be kind to yourself.

Return to your goal

What do I want to make sure
this person leaves the interaction
feeling/knowing?

Slow down, soften & reflect



1 – 2 REFLECTION & COMMITMENT

What is one thing you are going to put into practice as a result of today's workshop that you can begin right away?

- Write down for one minute
- Share with a colleague, friend or partner this week

Contact Information

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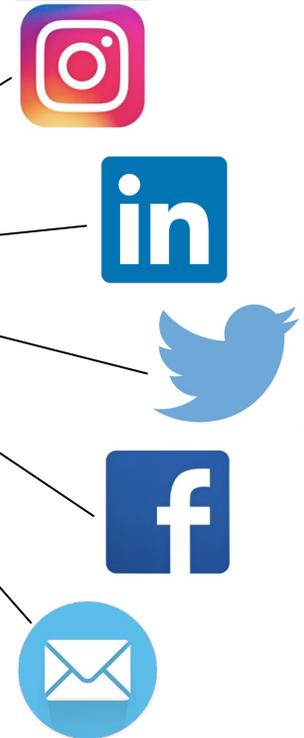
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Trauma and Trauma-Responsive Strategies for Professionals Supporting Individuals with Intellectual and Developmental Disabilities and Their Families

Thank You!

