



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Screening and Assessing for Trauma with Children that have Intellectual or Developmental Disabilities (IDD)

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MUNROE-MEYER
INSTITUTE

SAMHSA

Substance Abuse and Mental Health
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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

Disclosures

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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers 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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Announcements

- This webinar recording can be found here

<https://mhttcnetwork.org/centers/mid-america-mhttc/implementing-trauma-informed-practices-pediatric-integrated-primary-care>

Webinar Series

Part 1

Principles of
Trauma-
Informed Care
for Health Care
Organizations

Part 2

Screening and
Assessing for
Trauma in
Primary Care

Part 3

Screening and
Assessing for
Trauma with
Children that
have IDD

Part 4

Reporting and
Documentation
of Trauma
Disclosure

Objectives

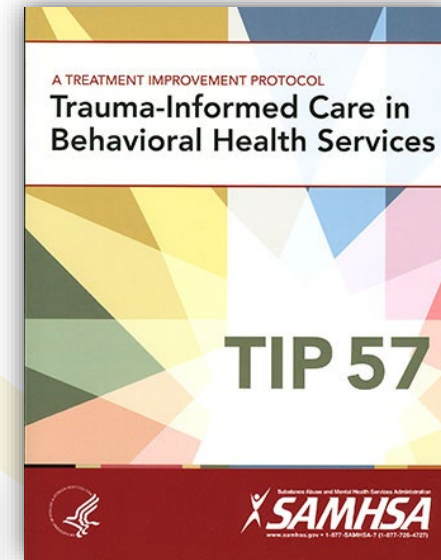
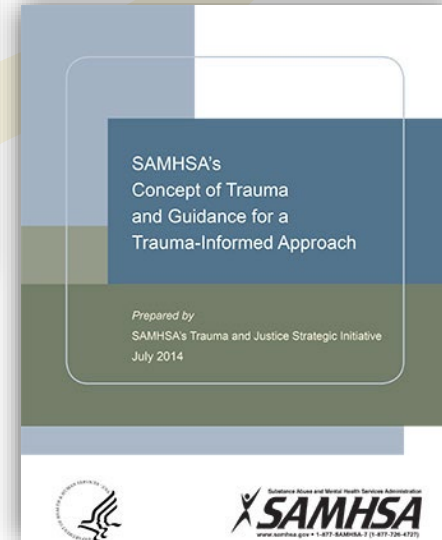
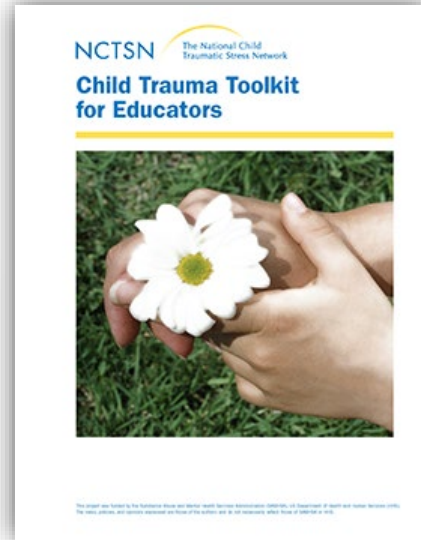
Define intellectual and developmental disabilities (IDD)

Identify how traumatic experiences may affect children with IDD

Discuss trauma-informed care with children with IDD

Identify ways to screen and assess for trauma with children with IDD

Resources



[The National Child Traumatic Stress Network | \(nctsn.org\)](https://www.nctsn.org)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA Publications and Digital Products](https://www.samhsa.gov)

[TIP 57: Trauma-Informed Care in Behavioral Health Services | SAMHSA](https://www.samhsa.gov)



**Objective 1:
Define intellectual and
developmental disabilities
(IDD)**



1 in 6

children in the US have one
or more developmental or
behavioral disabilities

IDD and Trauma Risk



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

IDD and Trauma Risk



Subjected to
traumatizing
incidents of
physical restraint
and seclusion



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



Increased risk of
psychological
distress due to
medical
procedures

IDD and Trauma Risk



Communication
and language
barriers



Multiple caregivers:
Parents, extended
family, home-care
workers, school
staff, residential
staff, etc.



Viewed as different
than others

Less likely to be
believed

Types of Development

Sensory/motor

Cognitive
problem solving,
language

Psychosocial
personality, social,
and emotional
development

Moral
development

[CDC's Developmental Milestones | CDC](#)

[School-age children development: MedlinePlus Medical Encyclopedia](#)

[Adolescent development: MedlinePlus Medical Encyclopedia](#)



Chronological vs. Developmental Age

Chronological age \neq Developmental age

Developmental age refers to a child's abilities or their behavioral, cognitive, and physical development

Intellectual and Developmental Disabilities

Definition

Intellectual Disability

- Intellectual and adaptive functioning deficits that originate during the developmental period
 - IQ test score of 65-75 indicates significant impairment in intellectual functioning

Developmental Disabilities

- Broader term often used for lifelong challenges that are physical, intellectual, or both

Definitions matter

- Impacts services available for children and families
- Emphasizes limits in adaptive behaviors (functional impairment):
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
- Impacts how and what parts of systems families need to know to navigate

Types of Disability

Neuromotor

(e.g., Cerebral Palsy, Spina Bifida, TBI)

Neurodevelopmental

(e.g., ADHD, autism, ID, communication disorders, learning disorders)

Mental Health

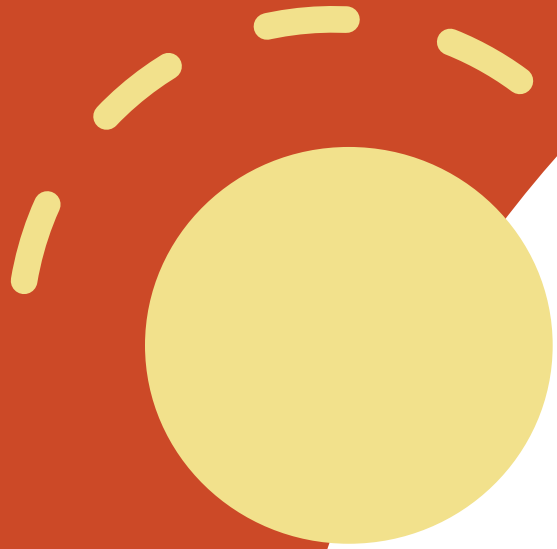
(e.g., depression, anxiety)

Genetic

(e.g., Down Syndrome, Prader-Willi Syndrome)

Sensory

(e.g., vision, hearing, sensory-integration)



**Objective 2:
Identify how traumatic
experiences may affect
children with IDD**

Disruptions to Development

Traumatic Experiences and IDD

- Development can still progress in children with IDD, but may do so at a different pace
- Traumatic experiences can interfere with a child's development at any age or state of development
- Children who endure multiple traumatic events over long periods of time (i.e., chronic trauma) are more likely to have difficulty meeting developmental milestones



Developmental Milestones/Tasks

Infancy

- Sensory/motor learning
- Early attachment

Early Childhood

- Mobility/exploration
- Pre-academic concepts
- Emergence of language
- Early peer relationships

Middle Childhood

- Mastery (conceptual and social)

Adolescence

- Cognitive: inference and abstraction
- Identity development

Adulthood

- Separation

IDD & Trauma in Early Childhood

Developmental Tasks

- Attachment to primary caregiver/s
- Development of vision and hearing
- Recognition of and response to emotional cues
- Develop more independence and ability to assess danger

Impact from Trauma

- Fear of being separated from familiar people/places
- Changes in eating and sleeping
- Becoming passive, quiet
- Increased startle response
- Regressive behaviors
- Confusion about what is dangerous and who to go to for safety

IDD & Trauma in Early Childhood

A young child with IDD who has a traumatic experience might:

- Have more difficulty calming down after being scared
- Be aggressive
- Be harder to reassure or soothe
- Lose recent developmental gains (e.g., toileting, language)



IDD & Trauma in Middle Childhood

Developmental Tasks

- Manage emotions (e.g., fear, worries, and aggression)
- Sustain attention
- Problem solving
- Control impulses
- Manage physical responses to danger

Impact from Trauma

- Unwanted or intrusive thoughts or images
- Replaying or acting out the traumatic event
- Intense and specific new fears due to danger experienced
- Alternates between avoidant and reckless
- Sleep or concentration problems

IDD & Trauma in Middle Childhood

A school-aged child with IDD who has a traumatic experience might:

- Have reduced receptive and expressive language skills that make it difficult to communicate about trauma's impact
- More withdrawn and quiet
- Tantrum-like behavior inconsistent with age
- Lose developmental gains (e.g., toileting)
- Difficulties with peers and vulnerable to teasing or isolation



IDD & Trauma in Adolescence

Developmental Tasks

- Abstract thinking
- Anticipate and consider consequences of behavior
- Accurately judge safety and danger
- Increase impulse control and ability to delay gratification

Impact from Trauma

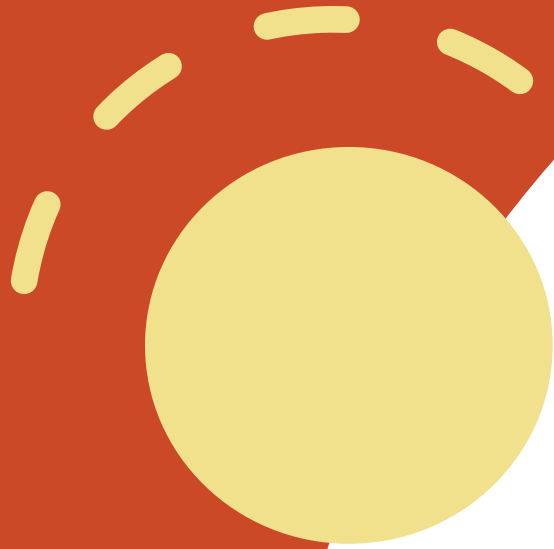
- May feel embarrassed or angry about their fears or exaggerated physical responses
- Difficulty imagining and planning for the future
- Decreased motivation for learning
- Low self-esteem
- Feelings of helplessness
- Difficulty trusting others
- Risky behaviors (e.g. self-harm, substance use)

IDD & Trauma in Adolescence

An adolescent with IDD who has a traumatic experience during late childhood or young adulthood might:

- Increased dependence on parent/caregiver
- Feel defeated and have decreased motivation for the future
- Feel more “different” from others
- Worry about acceptance from peers

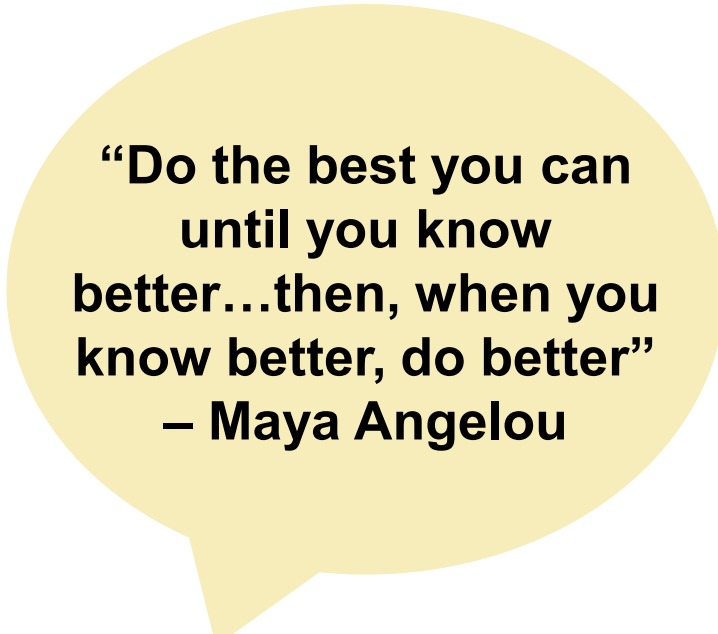




Objective 3:
**Discuss trauma-informed care
with children with IDD**

Definition of Trauma-Informed Approach

“A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings” SAMHSA (2012).



**“Do the best you can
until you know
better...then, when you
know better, do better”
– Maya Angelou**

Use your Trauma Lens



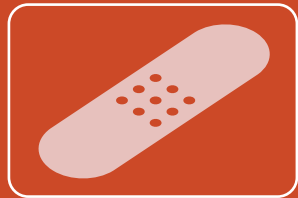
Instead of asking *“what is wrong with you?”*
ask, *“what has happened to you?”*



Behavior Matters

- Behavior is a form of communication
- As IDD severity increases so does the likelihood that children will use behavior versus verbal communication at home, school, and at the doctor's office

Trauma-Informed Care



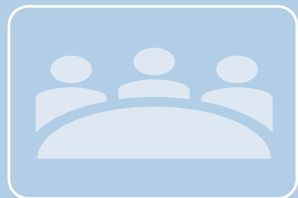
Physical and emotional safety



Healthy boundaries

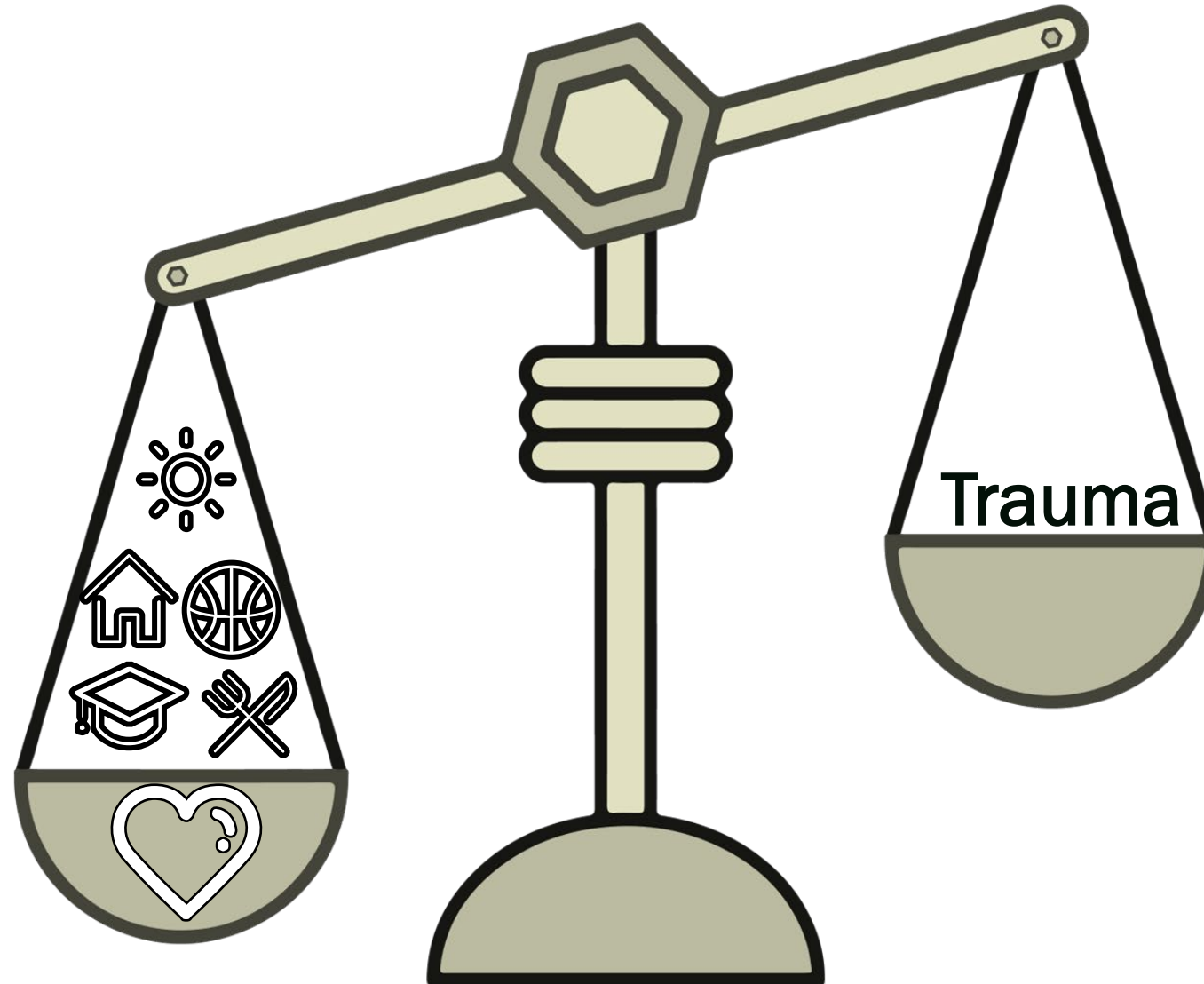


Protect privacy and confidentiality

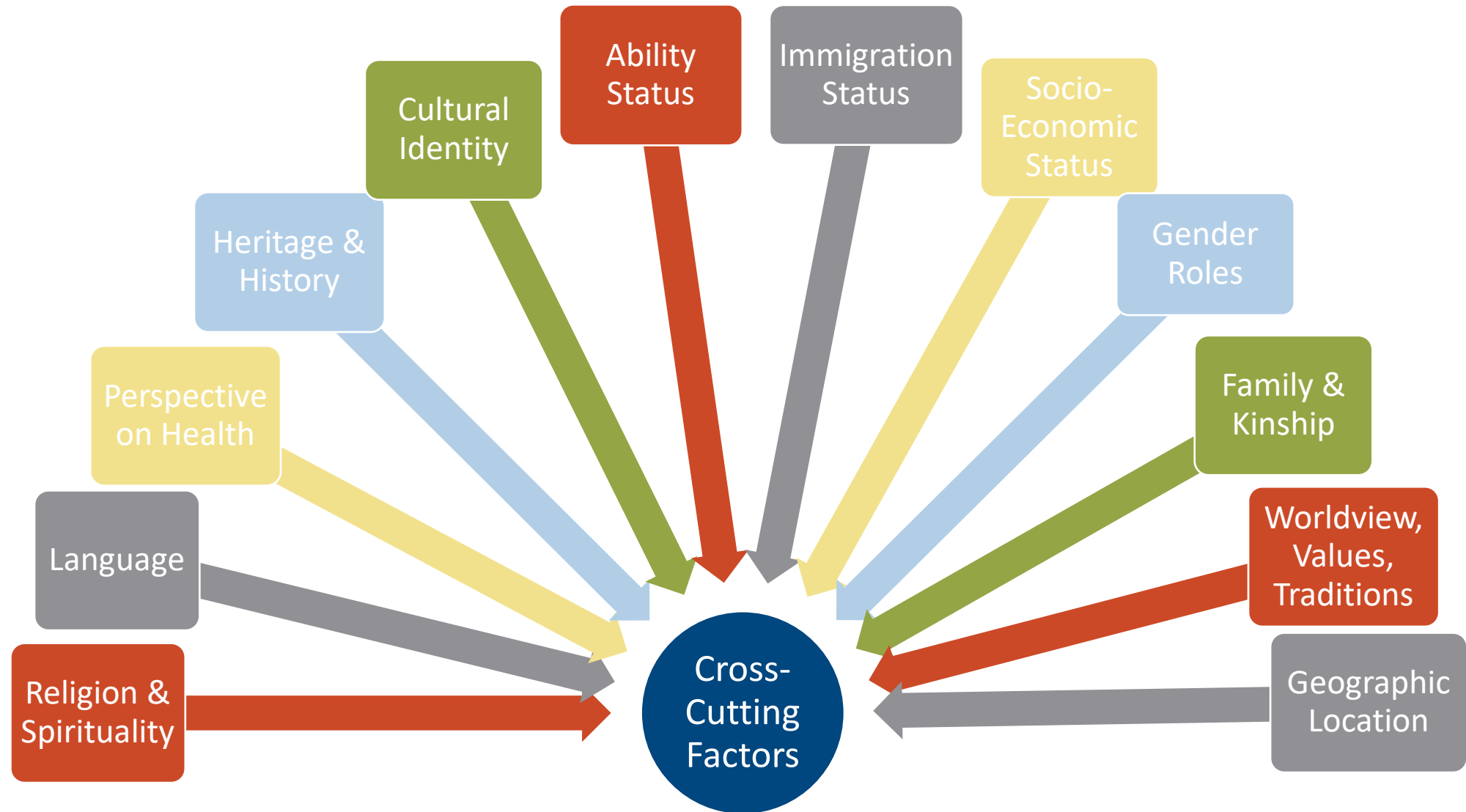


Foster respect

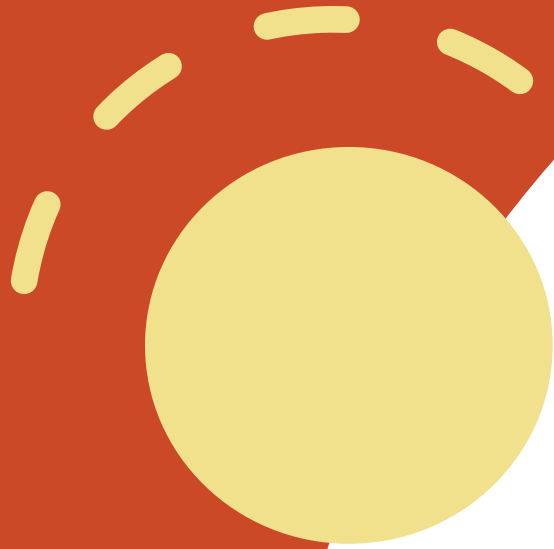
Resilience & Recovery



Culturally Responsive Practices







**Objective 4:
Identify ways to screen and
assess for trauma with
children with IDD**

Why screen for trauma in primary care?

Uniquely positioned for routine universal trauma screening

Providers and patients can develop trusting relationships from regular interactions

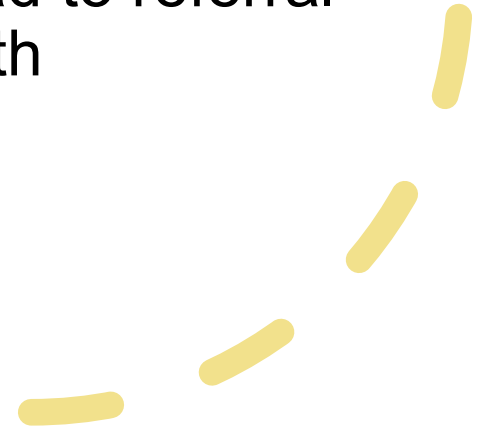
Trauma exposure increases likelihood for physical and mental health concerns

American academy of pediatrics recommends routine screening to better support positive child development

No matter
your role,
you can do
trauma
screening

Trauma screening:

- Brief, focused inquiry
- Includes trauma exposure and trauma related symptoms
- Process that provides information on best next steps
 - Positive trauma screen may lead to referral for comprehensive mental health assessment



Trauma Assessment

Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 3-17)

Child's Name: _____ Date: _____

Caregiver Name: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching his/her private parts when they shouldn't. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CTS Child Report (Age 6-17)

1

Child Name/ID: _____ Age: _____ Gender: Male Female Other

Administered By: _____ Date Completed: _____

2

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"/> |

Trauma Assessment

Ask the child and their caregiver/s

Check receptive language skills by setting up the scale

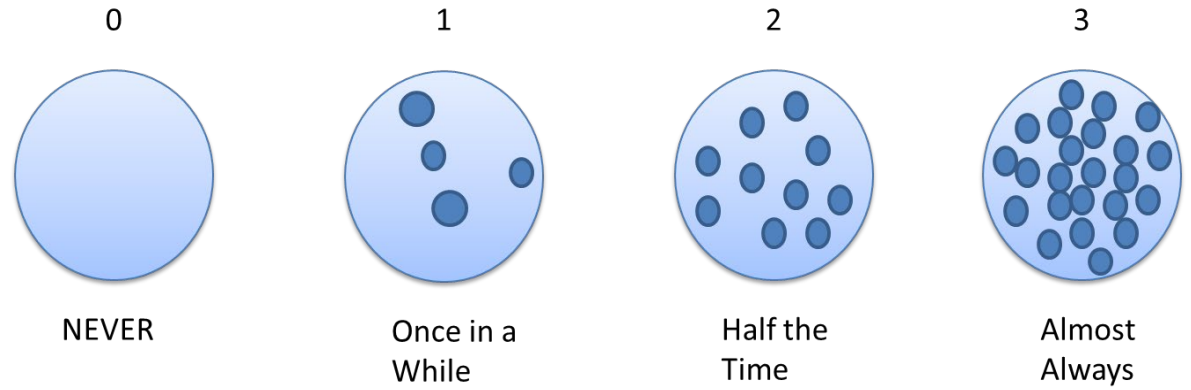
- Does the child understand what we mean by “the past 2 weeks” or “the past 30 days?”
- Find an anchor for the time frame

Use visuals to facilitate communication and understanding

- Allow the child to point to indicate their responses

Test the scale

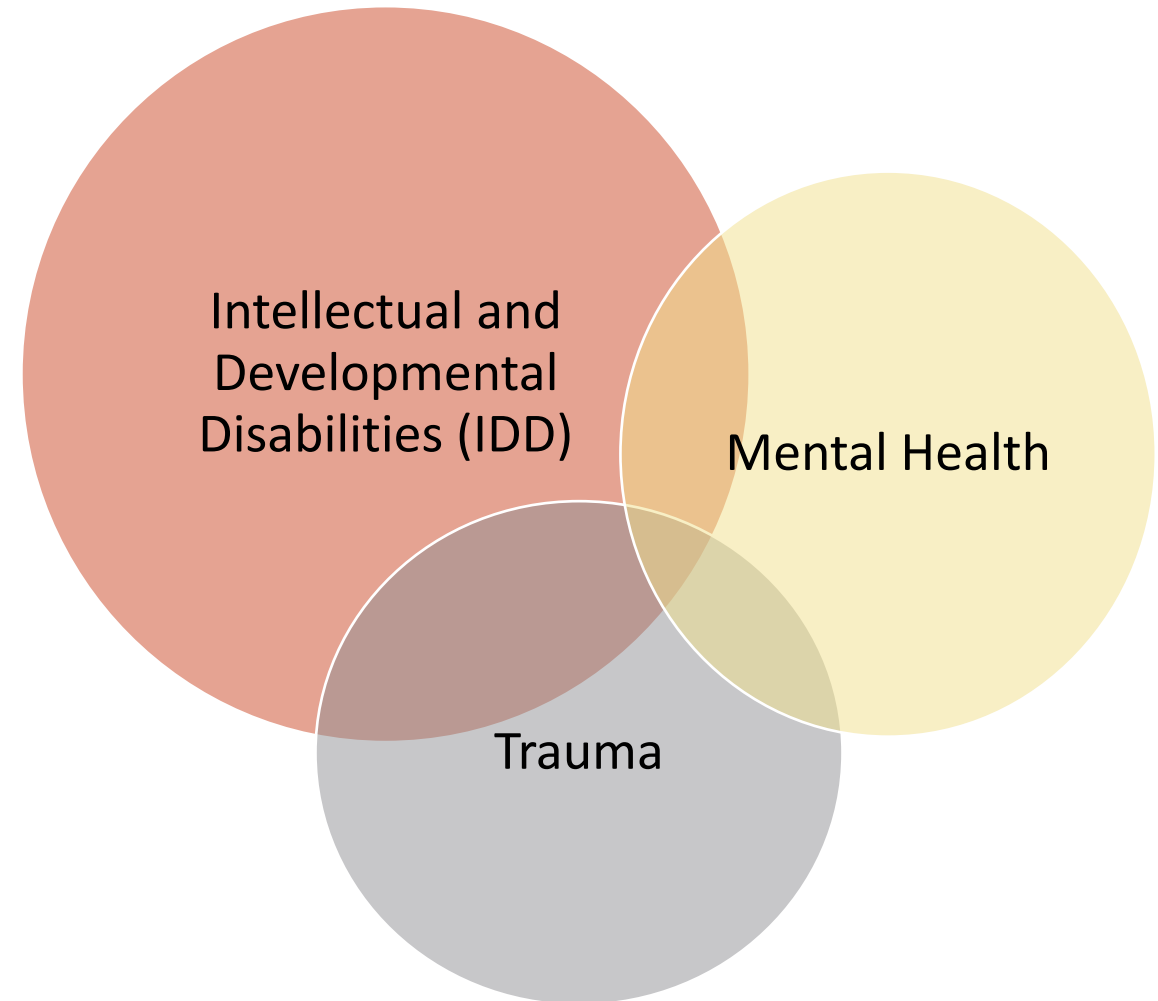
- “How many times in the past 2 weeks have you put on shoes?”
- “How many times in the past 2 weeks have you flown in an airplane/hot air balloon?”



Get creative!

Diagnostic Overshadowing

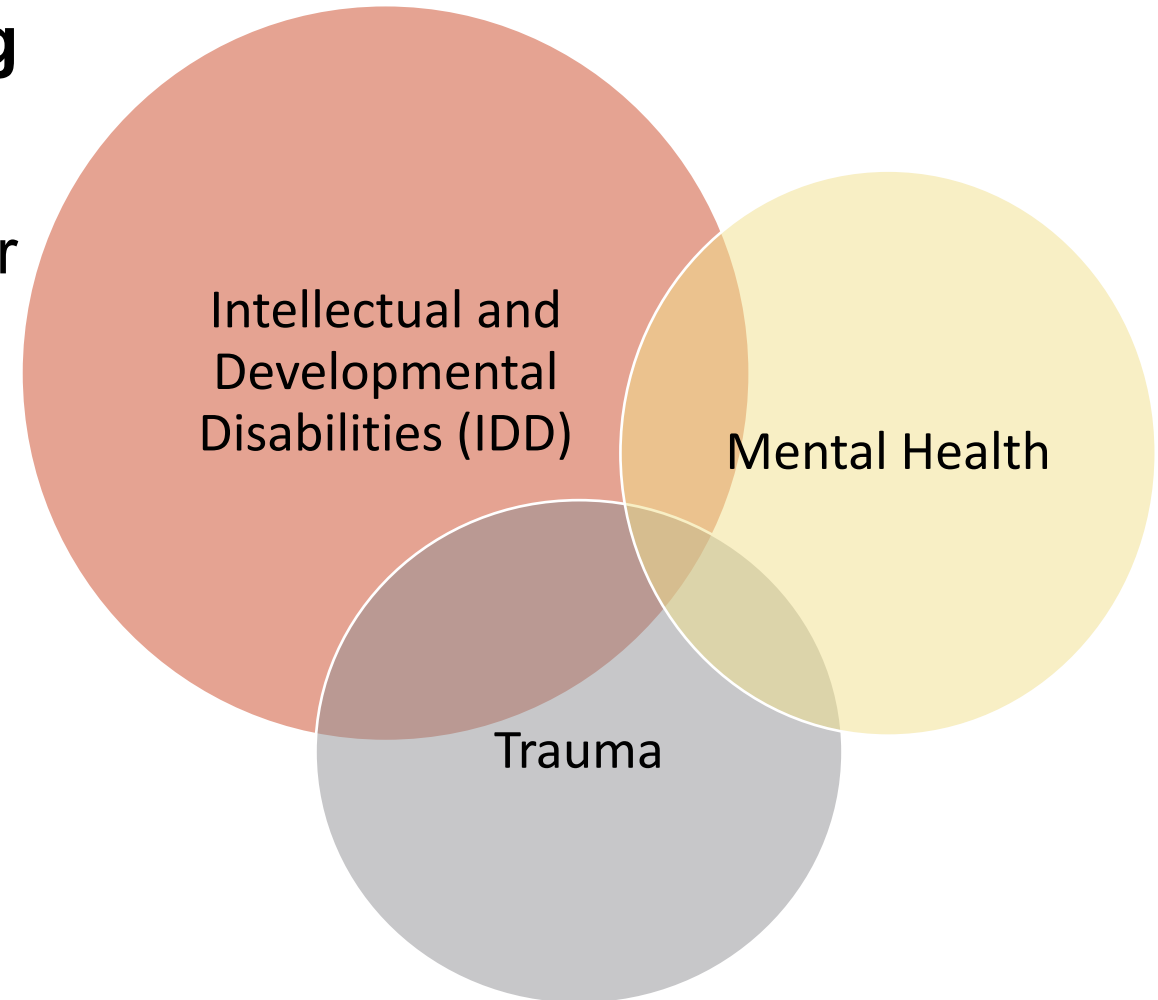
- Over-attributing symptoms to a particular condition (IDD)
- Co-occurring conditions then go undiagnosed and untreated
- Overlook important factors, like trauma exposure



Diagnostic Overshadowing

To avoid diagnostic overshadowing providers should:

- Carefully consider changes in behavior
 - Verify changes across settings
- Investigate events that occurred around the same time as behavior changes
- Consider trauma exposure



Myths about children with IDD

- They are protected from harm because of their mental age
- They won't remember what they did experience because of trauma
- IQ scores tell you everything you need to know about the child
- They cannot learn anything without the support of a teacher
- Standard measures of learning and achievement do not reflect their abilities
- Behavior modification is the only way to manage their behavior
- Youth with intellectual and developmental disabilities do not experience trauma
- A challenging or problematic behavior is best explained by an intellectual or developmental disability

NOT TRUE



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Coming soon: Trauma Informed Care Toolkit

<https://mhttcnetwork.org/centers/content/mid-america-mhttc>



Questions?



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