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Intervening with Youth with Intellectual & Development Disabilities Who Have Experienced Trauma

Presenter: Michael Gomez, PhD

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Speaker SPOTLIGHT



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Intervening with Youth with Intellectual and Developmental Disabilities who have Experienced Trauma


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 Nationally Certified TF-CBT Trainer
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Objectives

At the end of the presentation, learners will:

1. Be able to apply concrete skills for cases with trauma and IDD
2. Be able to differentiate between different traumatic stress presentations and how these relate to IDD
3. Understand how TF-CBT (as a good example of a therapy model for this population) applies to youth where trauma and IDD are present




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Myths about Children with IDD

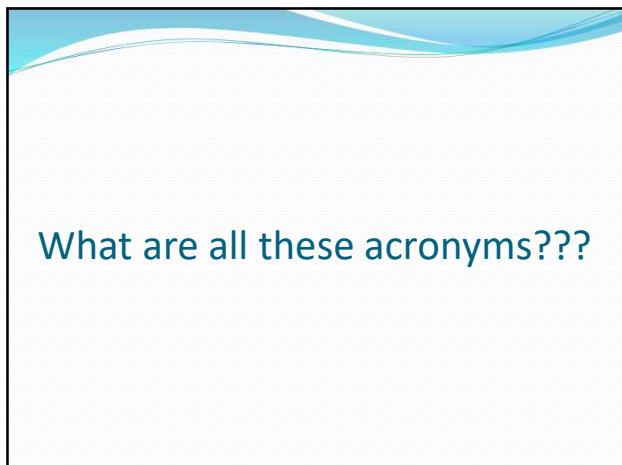
- ❖ Youth with IDD cannot engage in treatment
- ❖ Standard mental health treatment is ineffective for children with IDD
- ❖ Behavior modification is the only option
- ❖ Youth with intellectual disabilities do not experience trauma
- ❖ Working with this population requires *significant* specialized training
- ❖ A challenging behavior is explained by an intellectual disability
- ❖ Youth with IDD are protected from trauma because of their mental age (i.e., babies); they do not remember
- ❖ IQ scores tell you everything you need to know about a child

NOT TRUE

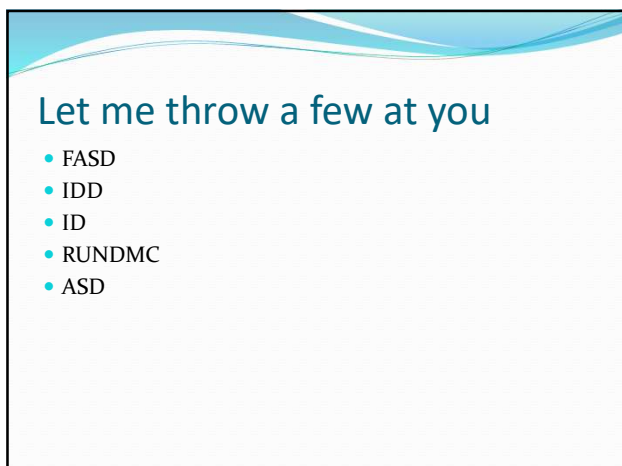
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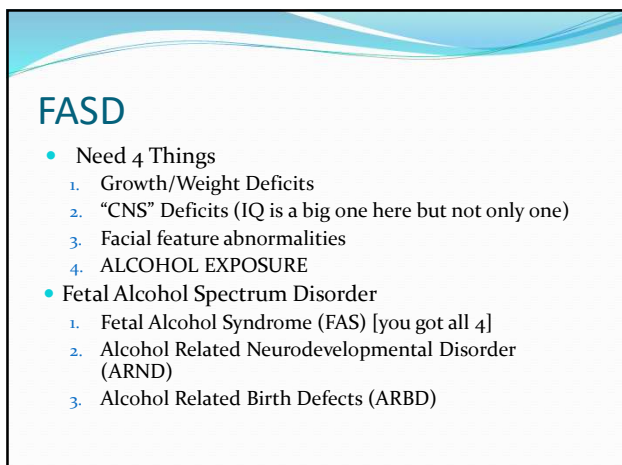
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IDD vs. ID

- Intellectual and Developmental Disabilities (IDD)
 - Basically EVERYTHING we've been talking about
- Intellectual Disability (ID) – The new name for what used to be called Mental Retardation (MR)
 - 3 things
 1. HAS TO be before 18
 2. Significant problems with ADAPTIVE functioning
 - You HAVE TO have this!!!
 3. Significant problems with intellectual functioning

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ID (cont)

- IQ – The Bane of My Existence as a Psychologist
 - IQ is not 1 thing, it's like 5 things
 - IQ does NOT mean your kid is stupid (or smart)
 - IQ only means one thing
- “EF” – So yup, they technically meet criteria for ADHD but it's a bit different than other kids
 - IQ are the players (LeBron)
 - EF are the coaching staff (Poppy)
- RUNDMC

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Concrete take away for ID

- ID means that a child without ID at ____ age would take X amount of time and Y amount of trials to do a particular thing
 - The kid with ID CAN STILL DO THE THING
 - But they will need more time and more trials
- Adaptive behavior is the GPS for any intervention
 - Can make it super formal like Vineland or ABAS
 - Or less formal like how BCBA's do
- Neglect can REALLY muddy the waters for ID
 - 3 year old girl example at Oklahoma

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ASD – Autism Spectrum Disorder

- Presence of things
 - This is where you see
 - Spinning
 - Lining up things
 - Knowing everything about Chevy cars since 1967
- Absence of things
 - These are SOOOO impairing
 - Ex: Social Communication vs. Linguistic Communication
- If they only had these it would not be great but . .

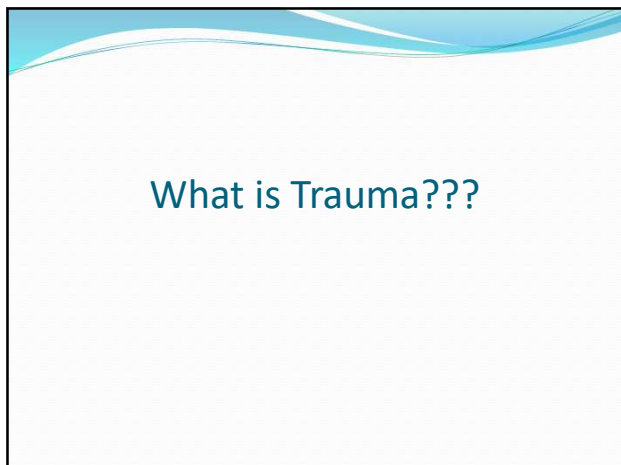
“Autism is a cake.”

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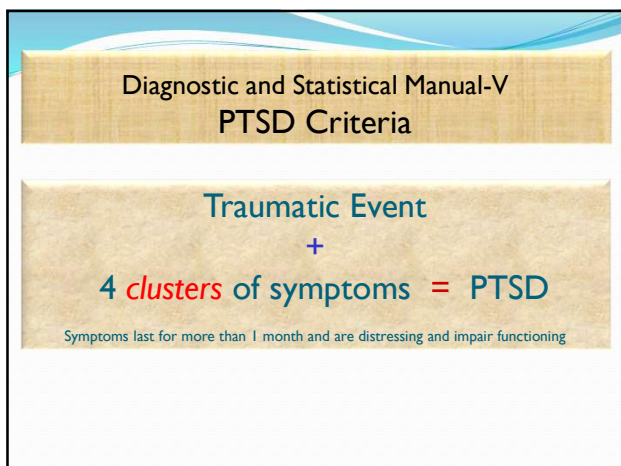
Concrete take aways for ASD

- Qualitative vs. Quantitative deficits in Social Communication
 - ADHD is a good example of quantitative
 - ASD is the paradigmatic example of qualitative
 - Here's why that's very, VERY important
 - Atrophied muscle vs. Prosthetic
- They. Can. Still. ATTACH!!!!
 - It just looks REALLY different than neurotypical kids
 - But no less important
 - ASD Lived Experience Movement
 - The field of ASD is moving more towards how Culture is integrated into behavioral health to emphasize the diversity aspect

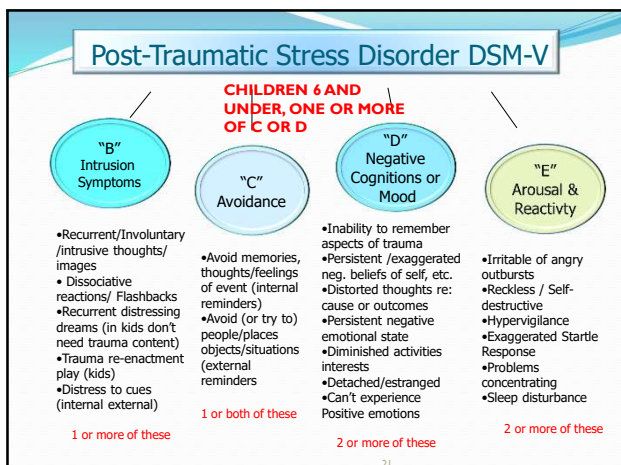
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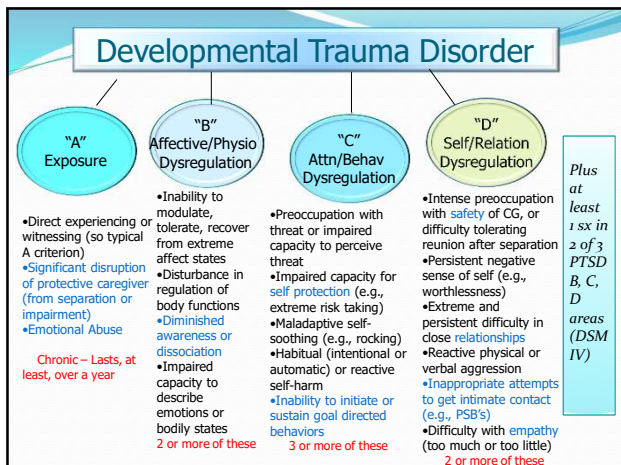
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At-Risk for Trauma

- 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

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

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



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Concrete Take Aways for Child Trauma Treatment

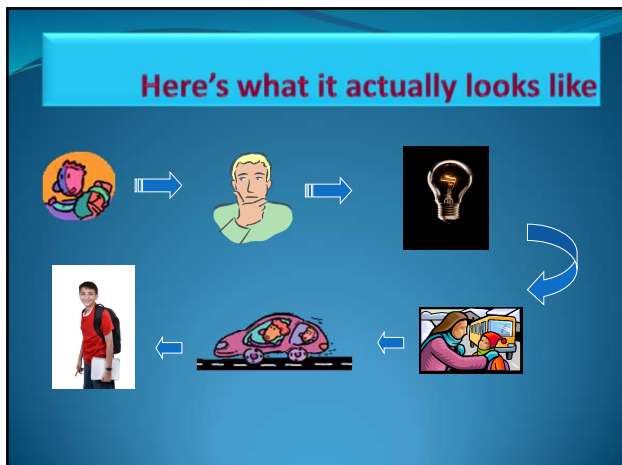
- Recommended components for ALL Evidence Based Trauma Treatments:
 - Assessment (symptom and data driven)
 - Meaning a professional HAS TO ASK if trauma happened!!!
 - “Retrigger vs. Retraumatize”
 - Psychoeducation
 - Stress management techniques
 - Direct exploration of the trauma
 - Exploring/correcting inaccurate attributions
 - With kids → **INCLUSION OF CAREGIVERS**
- These also have a specific time range (NOT open ended) for when you should see improvement

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Standard Model - TF-CBT Treatment

Approx 8-16 sessions	Gradual Exposure Parenting Skills	Psychoeducation Relaxation Affective Modulation Cognitive Coping	Stabilization and Coping Skills Development
		Trauma Narrative and Processing	Reduction of distress to trauma memories and correction of problematic trauma-related beliefs
		In vivo Desensitization Conjoint Sessions Enhancing Safety	Integration, Skills Consolidation, Safety Planning

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“Don’t close any doors you don’t have to.”

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What about when they get older???

- Short version: They will be fine. They will.
 - 3 types of problems
 1. Strep throat
 2. Stage 4 lymphoma
 3. Diabetes
- Longer version: But only if . . .

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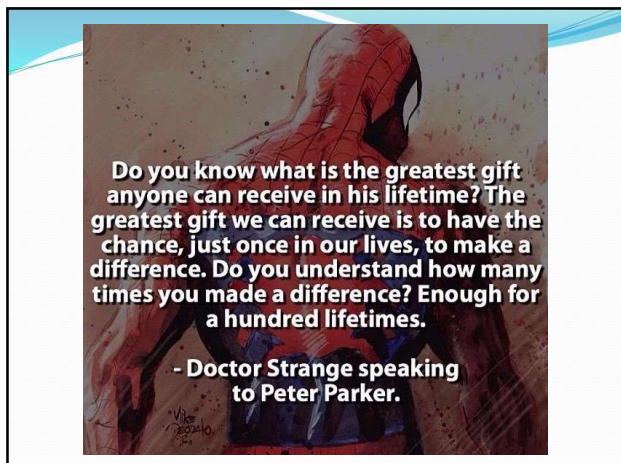
Child Trauma Treatment

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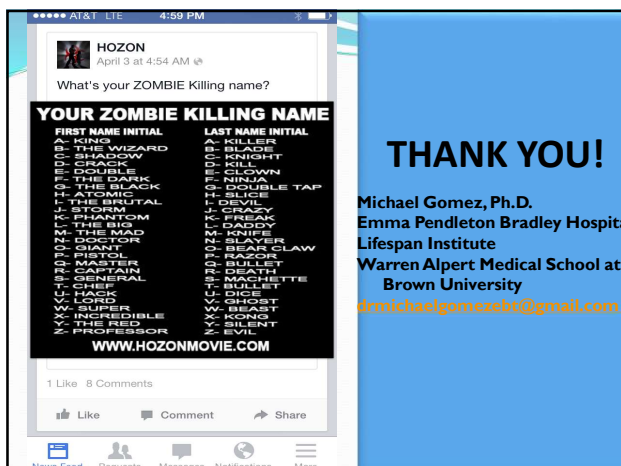
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Dr. Gomez's Philosophy of Therapy

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