

# **TRUST FIRST: TRAUMA-INFORMED APPROACHES IN DISABILITY SERVICES**



Natalie Gallo, M.Ed., LPC  
Child Trauma Services Program  
OKTFCBT Training Team  
University of Oklahoma Health Sciences Center





# **SPECIAL THANKS**

OKTFCBT Training Team: Elizabeth Risch, Amanda Mitten, and Tabitha Fleming for their expertise working with trauma-impacted youth and youth with ASD/IDD



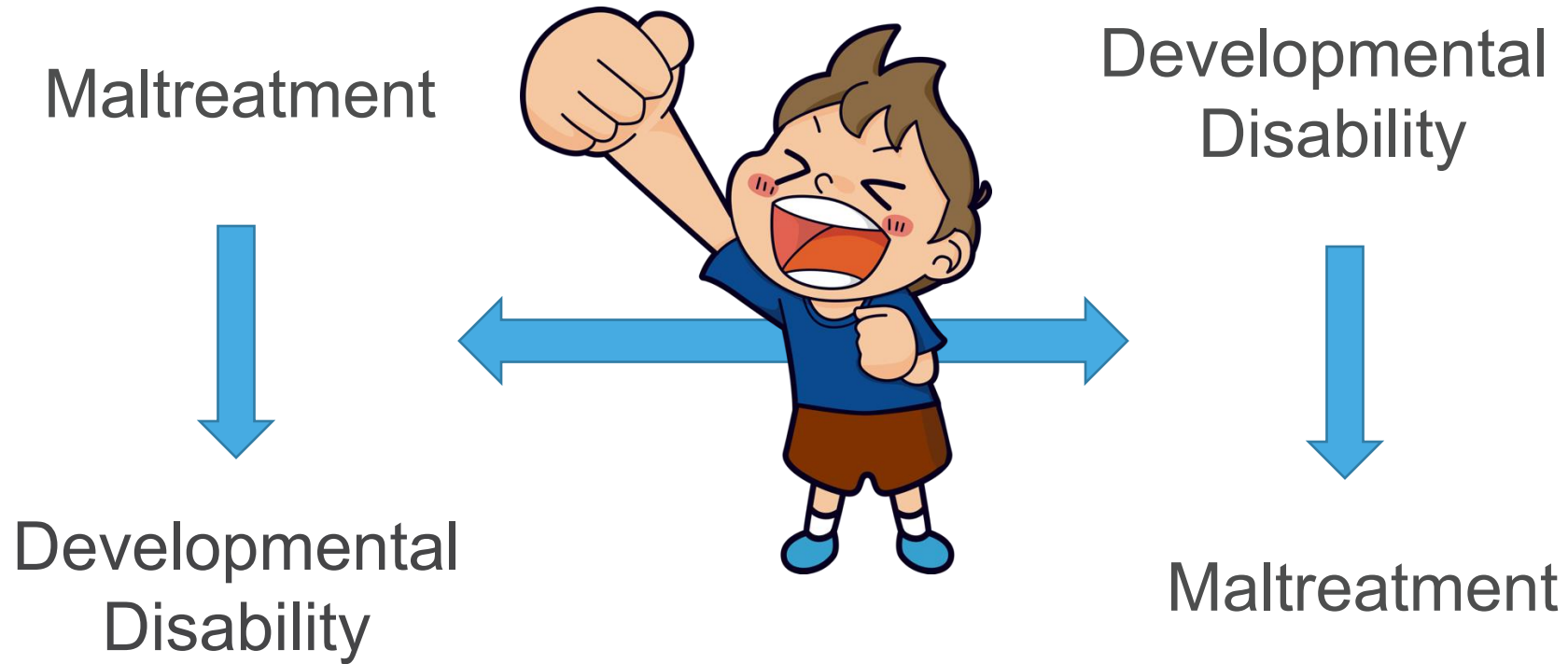
# INTELLECTUAL AND DEVELOPMENTAL DISORDERS (IDD)

- 1 in 6 youth
- Begin during the developmental period
- Impact day-to-day functioning
- Last throughout a person's lifetime

# TRAUMATIC EXPERIENCES

- Nearly 2/3 children in the US experience potentially traumatic experiences (PTEs)
- 1/3 experience multiple traumatic events
- 2-3x more likely for children with DD to experience trauma

# POTENTIAL PATHWAYS OF MALTREATMENT & DEVELOPMENTAL DISABILITY



# AUTISM AND TRAUMA PATHWAYS

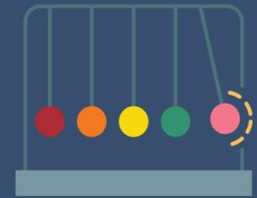
PTSD may worsen  
ASD symptoms



Underlying neurological  
differences may contribute  
to increased risk for ASD  
and PTSD



ASD linked with  
increased risk for  
PTSD



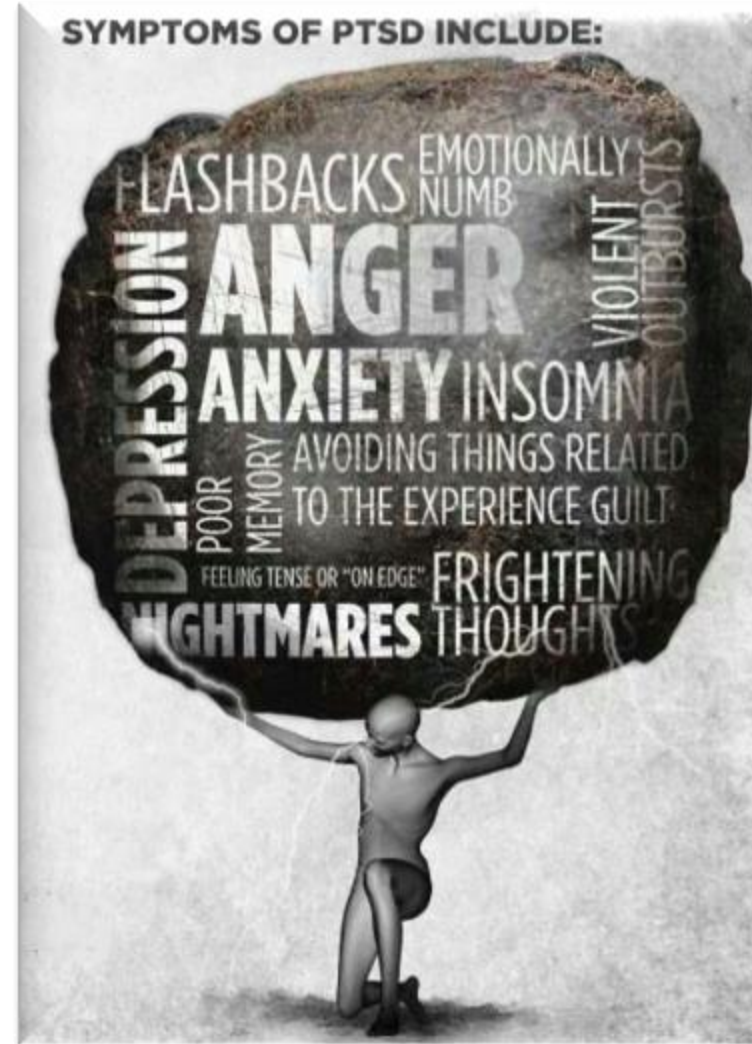
ASD may influence which  
events are experienced as  
traumatic

This graphic was created by Kathryn Moore, PhD

Haruvi-Lamdan et al., 2017  
Mehtar & Mukaddes, 2011  
Stavropoulos et al., 2018

# DSM-5 POSTTRAUMATIC STRESS DISORDER

(American Psychiatric Association, 2013)



# TRAUMA EXPOSURE

- Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
  - Directly experiencing the traumatic event(s).
  - Witnessing, in person, the event(s) as it occurred to others.
  - Learning that the traumatic event(s) occurred to a close family member or close friend.
  - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders)

*NOTE: A4 Doesn't apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.*



# DSM-5 POSTTRAUMATIC STRESS DISORDER (AGES 7+)

**B**

Intrusion  
Symptoms

## 1-2 Symptoms

- Recurrent intrusive thoughts/images
- Dissociative reactions/flashbacks
- Recurrent distressing dreams (may be general scary content in children)
- Trauma re-enactment play in young children
- Distress to internal or external trauma reminders

**C**

Avoidance

## 1-2 Symptoms

- Avoids memories, thoughts/feelings of event (internal reminders)
- Avoids (or tries to) people/places objects/situations (external reminders)

**D**

Negative  
Cognitions or Mood

## 2 or More Symptoms

- Inability to remember aspects of trauma
- Persistent/exaggerated negative beliefs of self, others, world
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities/interests
- Detached/estranged
- Can't experience positive emotions

**E**

Arousal & Reactivity

## 2 or More Symptoms

- Irritable or angry outbursts
- Reckless/self-destructive
- Hypervigilance
- Exaggerated startle response
- Problems concentrating
- Sleep disturbance

# DSM-5 POSTTRAUMATIC STRESS DISORDER (AGES 6-)

## B

### Intrusion Symptoms

#### 1 or More Symptoms

- Recurrent intrusive thoughts/images
- Dissociative reactions/flashbacks
- Recurrent distressing dreams (may be general scary content in children)
- Trauma re-enactment play in young children
- Distress to internal or external trauma reminders

## C & D

### Avoidance or Negative Mood And Cognitions

#### 1 or More Symptoms of Either

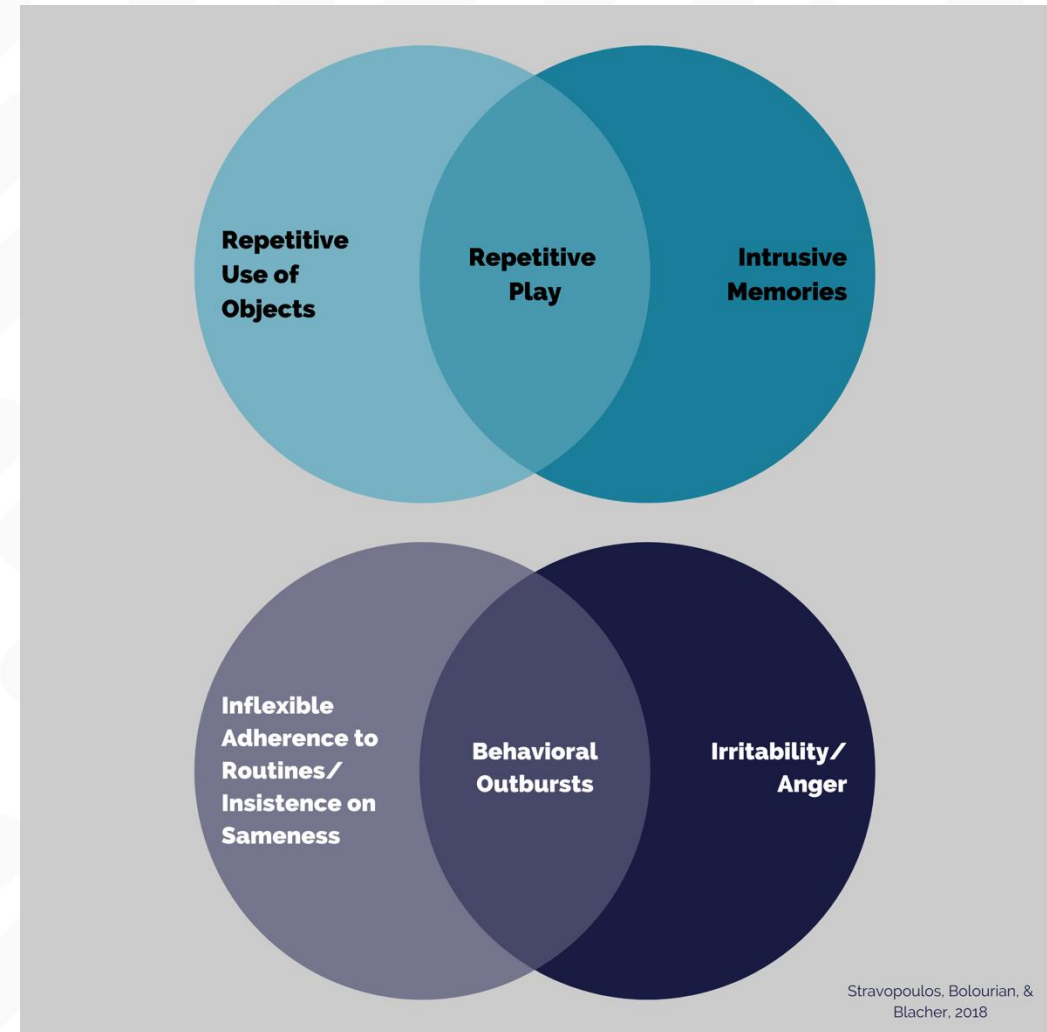
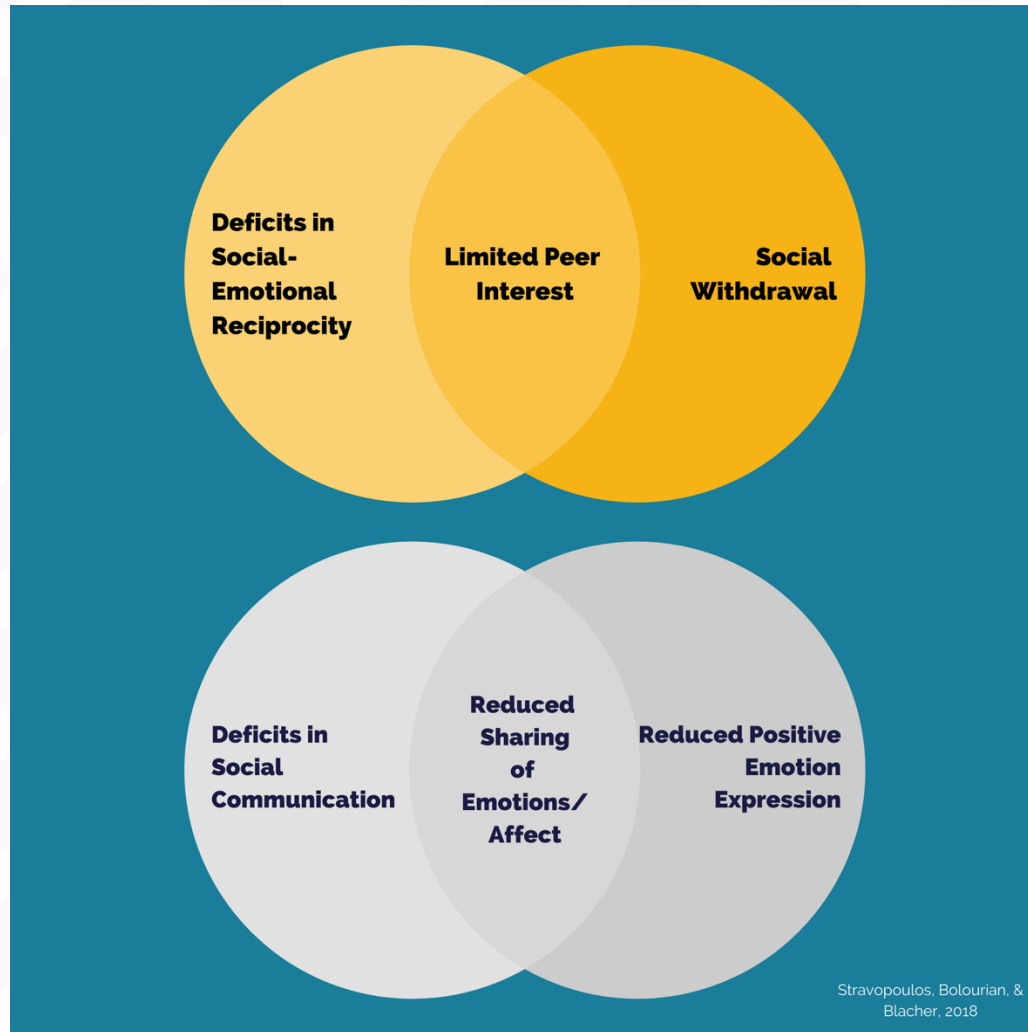
- Avoids memories, thoughts/feelings of event (internal reminders)
- Avoids (or tries to) people/places objects/situations (external reminders)
- Inability to remember aspects of trauma
- Persistent/exaggerated negative beliefs of self, others, world
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities/interests
- Detached/estranged
- Can't experience positive emotions

## E

### Arousal & Reactivity

#### 2 or More Symptoms

- Irritable or angry outbursts
- Reckless/self-destructive
- Hypervigilance
- Exaggerated startle response
- Problems concentrating
- Sleep disturbance



This graphic was created by Kathryn Moore, PhD

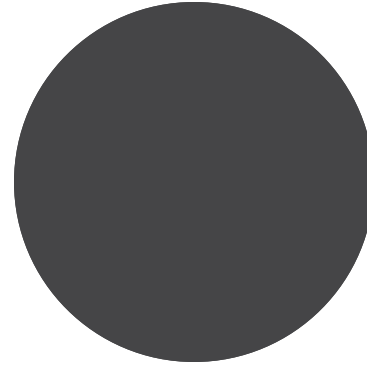
# GROUP ACTIVITY

Share example from your work of possible presence of trauma reaction

How did this impact your interaction?

What questions does it bring up for you?





# **TRAUMA- INFORMED CARE**



# DEVELOPING A TRAUMA-INFORMED LENS

- Remembering not all youth with trauma histories have posttraumatic stress disorder or another mental health disorder due to trauma
- Knowing these memories are persistent and can still impact children at times
- Exploring what potential trauma impacts might be driving behavioral and emotional concerns
- Trauma Lens  $\neq$  Everything is trauma related

# DEVELOPING A TRAUMA LENS

- Being intentional with the questions we ask about why a behavior is happening
- Considering the POTENTIAL impact of a child's past trauma on their current behavior/emotional functioning
- To better understand this...
  - Functional Behavioral Analysis is key



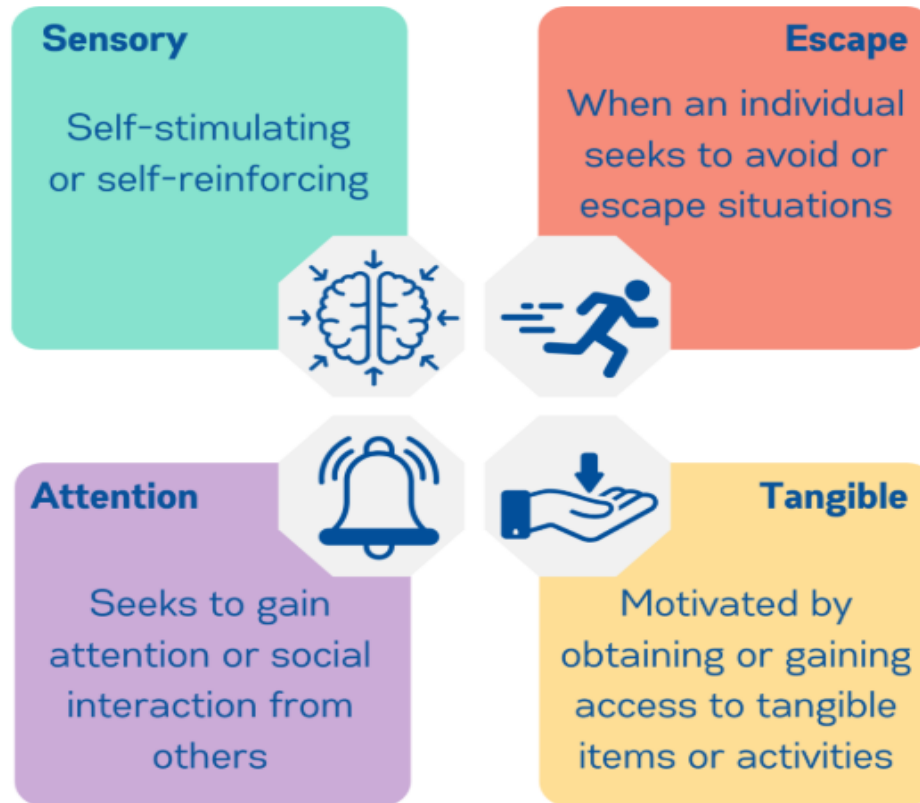
# ALL BEHAVIOR HAS A FUNCTION

## S.E.A.T. Model

Insights to Behavior uses ABC data collection, as well as a questionnaire to identify the function of a student's behavior.

**There are four basic functions that serve human behavior.** They are Sensory automatic, Escape, Attention and Tangible (S.E.A.T.).

As with students, we all engage in these four functions throughout our day and use behaviors to meet needs when they arise.



A trauma-informed lens reminds us that a behavior may be motivated by avoiding trauma related memories, thoughts, or **feelings**.

If a child's abuse left them feeling lonely and ignored, they may seek attention to avoid the feeling of being ignored.

A child may avoid situations in which they feel less confident (e.g., reading in front of class) by acting out and getting sent to the principal's office.



# TRAUMA-INFORMED SPACES AND APPROACHES



- Creating trauma-informed spaces and approaches is good practice regardless of whether youth have experienced trauma.
- Trauma ultimately breeds feelings of being out of control or uncertain about what is going to happen.
- Trauma-informed spaces are...
  - Consistent
  - Predictable
  - Clear about outcomes (positive and negative) for behaviors
  - Empowering and give youth agency, when applicable (i.e., "Do you want a green or yellow marker to write your answers?")

# REAL WORLD EXAMPLE

- A youth's trauma history includes a caregiver who abused alcohol and was unpredictable in their behavior (at times loving and calm, at times violent and abusive, and—other times—completely absent even when in the home).
  - In a new home with a new caregiver, the same child is told they will lose tablet for the rest of the day if they hit their foster sibling. When the caregiver attempts to take the tablet, the child becomes distressed (e.g., screams/cries/insults the foster caregiver).
    - 5/10 times, the caregiver removes the tablet calmly for the rest of the day
    - 2/10 times, the caregiver yells and takes the tablet “until the kid ‘acts right’”
    - 3/10 times, the caregiver does not remove the tablet and tells the child to ‘stop hitting’
- What feeling might the foster caregiver be having? Why might they not remove the tablet?
  - What is the potential short- and long-term impact on the child?



# **TRAUMA TREATMENT/THERAPY**



# ALL CARE SHOULD BE TRAUMA-INFORMED...

- For some individuals, **trauma focused treatment** is needed
- Trauma focused treatment is needed when trauma reactions are negatively impacting day-to-day functioning
- The focus is on reducing trauma reactions
- Specific therapies are most effective:
  - Trauma Focused Cognitive Behavior Therapy (TF-CBT) for youth
  - Prolonged Exposure (PE) and Cognitive Processing Therapy for adults
  - These include client being guided by a therapist to face their trauma memories to reduce the “power” the memories have over the client
  - For youth, there should be caregiver involvement required at every session

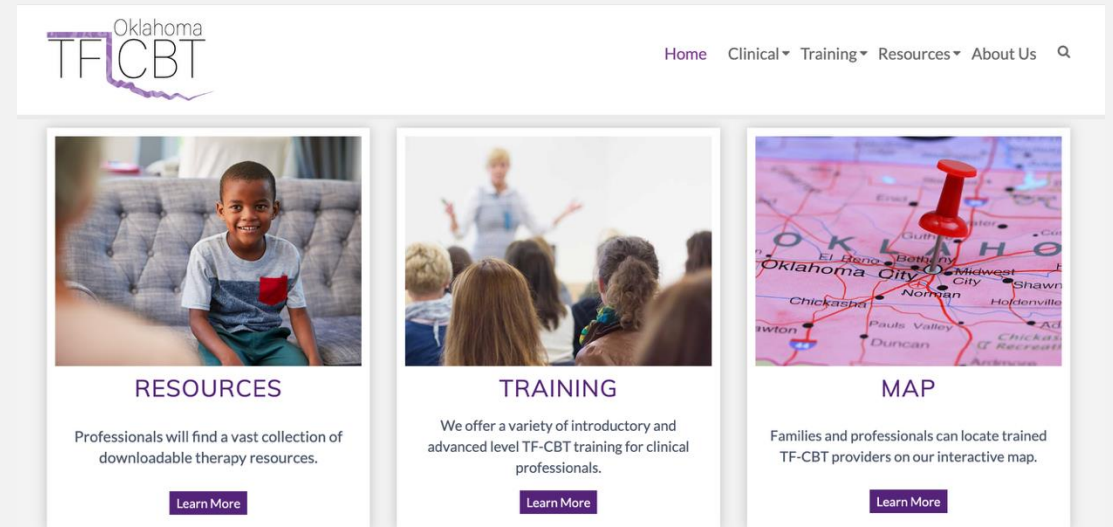
# GROUP ACTIVITY

How could you put into practice  
something learned today?



# THANK YOU

- Resources for referring a youth for trauma focused treatment are available, along with other resources for professionals working with youth with trauma and IDD
- <https://oklahomatfcbt.org>
- National Child Traumatic Stress Network: <https://nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities>



# THANK YOU

Natalie Gallo, M.Ed., LPC

Child Trauma Services Program

OKTFCBT Training Team

University of Oklahoma Health Sciences Center



# Headshot Station



## **RESERVE YOUR SPOT**

**No spots left? Stop by!**  
We'll fit you in for a walk-up.