**Preventing trauma in children with intellectual or developmental disabilities**

**By Jay Smith, Office of Disability Prevention for Children Part I**

* Developmental Disabilities Awareness Month March; National Association of Councils on Developmental Disabilities
* Office of Disability Prevention for Children
* Overlap: ID/DD, mental health, adverse childhood experiences and trauma
* According to CDC, about 1/6 children in US have one or more developmental disabilities or other developmental delays
* Texas is home to an estimated 480,000 children with developmental disabilities
* ID/DD
  + Includes many severe, chronic conditions that are due to loss mental and/or physical functioning
  + 17% of children ages 13-17 have one or more developmental disabilities
  + People with IDD are just like young me, they just express things differently
* DD
  + Appear before age 22 and are likely to be lifelong
  + Problems with major life activities such as language, mobility, learning, self help, independent living
* ID
  + Characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills
    - Originates before age 18
    - 1-3% of children in general population have an ID
    - IQ test score under 75 can indicate a limitation
      * Many parents cannot access services unless IQ is certain number or child is a certain age
      * Jay always asks parents if they are familiar with the Medicaid waivers and asks if they are on the waiting lists for home and community based care type things
* Common types of DD
  + ADHD, autism, brain injuries, CP, Downs syndrome, Fetal alcohol spectrum disorders, fragile x syndrome, spina bifida
* What’s happening now
  + Frequently attribute behaviors to the disability (look at the behaviors and not beyond them)
  + Often try to manage through some type of authority/control/compliance model, trauma informed care
  + Focus on behaviors and intervention instead of mental health and wellness of people with IDD
  + Why is it that if your IQ is below 75 you have behaviors that need managing- need to change mindset, but if it’s over 75 you have mental condition and need help
* How do we implement social distancing in residential and group homes? How to residents interpret interruptions in daily life- no visitors, not being able to leave facility
* Mental health conditions in children with IDD
  + Depression, schizophrenia, bipolar, anxiety, compulsive disorders, PTSD, etc
  + They just experience these conditions at higher rates than the general pop
  + According to NAMI the rate of mental health conditions for people with IDD is two to three times higher than….
* Challenges of co-occurring mental health and IDD
  + Diagnostic overshadowing
  + Communication challenges
  + Lack of expertise in both the mental health IDD fields
  + Scarcity of available behavioral health care, as well as workforce shortages
  + Extended time it takes to assess (talking to multiple sources)
  + Professional biases- belief that evidence based mental health treatments are ineffective on this population
* What is trauma
  + Disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury
  + Childhood trauma- experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects/impairments
* Science of trauma
  + Fight, flight, freeze
  + Person perceives danger, rational mind shuts down and reverts to survival mode, when trauma is triggered individual reverts back to same state as when the trauma occurred
* Impact
* ACEs
  + There is science backing this now (not just making excuses for people’s current behavior)
* Biopsychosocial model
  + Considers the whole person
  + Etc.
* \*Road to Recovery- supporting children with IDD who have experienced trauma (2 day free training, around the state) will continue once they are able

**Part 2, Heidi Lersch, Education and Training Coordinator, Disability Services, a program of SAFE (Stop Abuse for Everyone) in Austin**

* She is highlighting how important self care is in times of elevated stress, like right now
* Abuse of people with disabilities
* We want people to have a long list of people they are connected to and can support them
* Children with disabilities are also more likely to have medical procedures that can cause trauma especially if it is painful and they cannot understand why it is happening
* Fight flight freeze
  + What does fight look like for children
    - Oppositional
    - Engaging in power struggles
    - Aggressive
    - Explosive
    - Hands clasped in fists
    - Hitting, kicking, spitting, throwing things
    - Adults interpret this and label them and can damage the child – compassionate child centered care
* Trauma informed care
  + Values, safety etc- post these somewhere for staff to be sure we are doing these things
* Children can pick up on our stress so carve out time to self care so we are regulated and grounded- so we are able to compassionate and present with our children
  + Some simple activities (practicing self regulation)
    - Focus on breathing
* COVID 19 social stories- help children understand what is going on right now [just Google Covid 19 social stories and many pop up]

PowerPoints attached