Addressing Trauma in Children with IDD

This tip sheet is designed to assist school counselors, social workers, school psychologists, and caregivers in implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) principles for individuals with intellectual and developmental disabilities (IDD). It draws upon insights from disability advocacy, trauma theory, and gentle therapeutic techniques.

TF-CBT is an evidence-based practice developed by Cohen, Mannarino, and Deblinger (2006) that supports children by building skills that promote autonomy in processing trauma. Treatment includes individual and joint sessions for children and caregivers, with parallel skill-building and additional caregiver support. Cohen & Mannarino (2008) break down the PRACTICE model, a key framework in implementing TF-CBT sessions.

The basic components of the PRACTICE model are detailed below:

P	**Psychoeducation and Parenting Skills:** Provides education about specific trauma and teaches caregivers positive parenting to manage behaviors and support the child.
R	**Relaxation Techniques:** Teaches skills like deep breathing or progressive muscle relaxation to manage physical stress and anxiety.
A	**Affective Expression and Regulation:** Helps children identify, express, and manage their emotions safely.
C	**Cognitive Coping and Processing:** Teaches the connection between thoughts, feelings, and behaviors, and helps reframe unhelpful thoughts.
T	**Trauma Narration and Processing:** The child tells the story of what happened to process the trauma and reduce its emotional impact.
I	**In Vivo Exposure:** Gradual exposure to safe situations that the child avoids because they are reminders of the trauma.
C	**Conjoint Child-Parent Sessions:** Shared sessions where the child shares their trauma narrative with their caregiver and practices coping skills together.
E	**Enhancing Personal Safety and Future Developmental Trajectory:** Focuses on safety planning, improving self-esteem, and building skills for future healthy development.

Individuals with IDD are significantly more likely to experience traumatic or adverse life events compared to others in the general population (McNally, et al., 2021). Therefore, there is a need for resources and materials to support children with IDD who have experienced trauma. The Supporting Trauma Recovery for Youth with Developmental Disabilities (STRYDD) Center developed a caregiver/clinician implementation guide that adapts TF-CBT practices for children with IDD to help clinicians feel more comfortable in implementing CBT with individuals with IDD. This guide provides an excellent overview of trauma in the IDD population, assessment issues/strategies, determining readiness for TF-CBT, TF-CBT components, and modifications for the PRACTICE model for the IDD population.

Understanding Trauma-Informed Care for IDD

Shift the Perspective: Trauma First, Not Disability

When supporting individuals with IDD, it is vital to prioritize their experiences of trauma over their diagnosis. Often, healthcare providers and caregivers focus primarily on the disability, overlooking how trauma history impacts behavior and mental health. By adopting a *trauma-first* lens, professionals and caregivers can better understand symptoms such as anxiety, depression, or "challenging behaviors" as adaptive responses to past abuse or neglect rather than features of disability itself (Harris & Fallot, 2001; Keesler, 2014).

The "Nothing About Us Without Us" Principle

Empowerment is a cornerstone of trauma-informed care. Professionals and caregivers should ensure that individuals with IDD have a "seat at the table" regarding their own care and treatment decisions. This aligns with the concept of *supported decision-making*, which helps individuals regain a sense of autonomy that trauma often strips away (Charlton, 1998; Blanck & Martinis, 2015).

Recognize the Multi-Dimensional Nature of Trauma

Trauma theory emphasizes that a traumatic experience is not just an event; it is composed of four interconnected elements that professionals and caregivers should be mindful of:

- The traumatic event itself;
- The emotions caused by the event;
- Where those emotions are stored or felt in the body; and
- The negative beliefs the event created (e.g., "I am not safe" or "I am bad").

This framework reflects cognitive, emotional, and somatic models of trauma processing (Van der Kolk, 2014; Rothschild, 2000).

Move Beyond "Whipped Cream" Solutions

Standard CBT often focuses on replacing negative thoughts with positive ones. However, research suggests that simply putting positive beliefs on top of deep-seated negative ones is like "putting whipped cream on worms." Eventually, the underlying "worms" (the trauma) resurface under stress. Trauma-focused CBT requires clearing the negative beliefs first so that positive shifts have staying power (Cohen et al., 2017; Ehlers & Clark, 2000).

Communication and Relationship Building

Believe the Individual

The most critical tip for any caregiver or professional is to believe them. Individuals with IDD are often disbelieved due to ableism or perceived communication deficits. Validating their truth is the first step toward healing (Sobsey & Doe, 1991; Keesler, 2014).

Model Gentle Communication

The way you interact during a crisis or a discussion about trauma matters. Use the following communication strategies:

Strategy	Guidelines
Gentle Tones	Avoid harsh or authoritative voices that may trigger a trauma response.
Eye Contact	Maintain respectful eye contact to build trust and ensure the individual feels seen.
Gratitude	Express gratitude and say "thank you" after a difficult session or visit. This can strengthen the bond between the professional/caregiver and the individual.

Relational safety is a core trauma-informed principle (Herman, 1992).

Address Ableism and Bias

Ableism—discrimination in favor of able-bodied people—is a major barrier to equitable care. Professionals/caregivers must be aware of their own "siloed" thinking or biases that might lead them to underestimate the individual's capacity for healing or lead to "duplicating work" rather than collaborating with other supports (Goodley, 2014).

Navigate Sensitive Disclosures

Professionals/caregivers often face a tension between mandated reporting duties and the individual's right to confidentiality and privacy.

Action Tips:

- Be transparent with the individual about what information must be shared and why, while respecting their autonomy as much as legally possible.
- Understand that in some communities, such as those from Native nations, individuals may prefer to seek services off-reservation to maintain privacy and confidentiality (Cross et al., 2011).

Externalize the Problem by "Slaying the Monster"

For individuals with IDD, especially those with limited verbal communication, abstract cognitive concepts can be difficult. Use the technique of externalization, where the trauma or fear is treated as an external "monster," rather than a part of the person.

Action Tips:

- Have the individual draw or tell a story about the "monster."
- Help them "contain" the fear by placing the drawings in a secure box or "hanging it outside" the room to symbolize that the fear is no longer inside them.

Use Everyday Language and Visual Aids

Effective trauma-informed care requires accessible communication. Use "plain language" and "everyday language" that the individual can easily understand (Hronis et al., 2021).

Body Maps: If an individual finds it uncomfortable to talk about physical trauma or unwanted touch, use body maps (diagrams of the human body) so they can point to where they were hurt or where they feel discomfort (Murphy & Mason, 2010).

Gentle Reprocessing and Avoiding Overwhelm

Traditional trauma processing can sometimes be overwhelming for individuals with IDD, leading to dissociation (acting as if the trauma is happening now) (Ogden et al., 2006).

- **The "Moving Train" Metaphor:** Encourage the individual to view traumatic memories as scenery passing by a moving train: they can acknowledge the memory exists without getting "stuck" in it or letting it overwhelm them (Rothschild, 2000).
- **Safety First:** If an individual becomes too distressed, stop the process immediately. Trauma-informed care must be "gentle" to prevent re-traumatization (SAMHSA, 2014).

Incorporate Grounding and Bilateral Stimulation

Simple physical actions can help process trauma and reduce stress:

- **Scribbling:** Enthusiastic scribbling while thinking about a problem can act as a form of bilateral stimulation, helping the brain process difficult emotions.
- **Tapping or Sound:** Use bilateral touch (gentle tapping on alternating sides of the body) or sound can help the individual stay grounded during stressful moments (Shapiro, 2018).

Getting Support in Place

Break Down the Silos

Trauma-informed care is most effective when caregivers, healthcare providers, and disability advocates work together rather than in "silos."

Action Tips:

Be proactive and invite those who know the child and understand trauma-informed care to the team to support the child and family.

Seek Specialized Training

Professionals and caregivers should look for specific resources such as:

- **Disability 101:** Basic training on the needs and rights of the IDD community.
- **SANE Training:** Sexual Assault Nurse Examiner training tailored for those supporting individuals with IDD in Native or local communities.
- **Peer-Led Training:** Look for trainings led by survivors with disabilities, as they provide the most relevant "lived experience."

Advocate for Better Healthcare Access

Many individuals with IDD are given short medical appointments (8–15 minutes), which are often not enough to provide trauma-informed and patient-centered care. These limited timeframes can lead to missed concerns, increased stress, and trauma responses. Parents and caregivers often need to take an active role in advocating care that truly meets the individual's needs.

Action Tips:

- Advocate for longer appointment times and reimbursement models that respect the time needed to provide thorough, patient care.
- Seek out providers who have experience with the IDD population, such as those who have participated in inclusive nursing or medical school curricula.

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