

For a child/youth with ID, DD, disability, or/and ASD who has experienced trauma.

Some available information and tools for Mental Health providers.

About this Document

There are times as a provider, you may not be aware of what information and tools are available. This document's purpose is to help decrease that; noting, it is obviously non-inclusive, and all information is what it is, and may be emerging.

It has four sections:

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*In sections 1-2 of the document, the majority is *free*. If otherwise, noted by: (\$).

This document was drafted by Gwendolyn Downing 5.30.22. This version, 6.17.22, has updates, and some Spanish translation. The Spanish content is somewhat modified from the English, due to funding for word limits and time of submission; the two STRYDD forms were not modified. All the appropriate disclaimers.

Being Informed

The impact of trauma on youth with intellectual and developmental disabilities. A fact sheet for providers. NCTSN: <https://www.nctsn.org/resources/the-impact-of-trauma-on-youth-with-intellectual-and-developmental-disabilities-a-fact-sheet-for-providers>

Brian Tallant’s TEDD (Training Educators in Dual Diagnosis), “Trauma in Youth with Intellectual and Developmental Disabilities”: <https://www.youtube.com/watch?v=3t8Z6ryHsnw&t=9s>

Road to Recovery Curriculum (en español) NCTSN Learning Center: <https://learn.nctsn.org/>

Screening, Assessment, and Treatment

Trauma Screening and Assessment

Brian Tallant’s NADD “Trauma assessment for youth and adults with IDD”:
<https://www.facebook.com/NADDMHID/videos/2264648153840775>

Child and Adolescent Trauma Screen (CATS) (tiene version en español):

- Original: <https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/assessment.html>
- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) versions: <https://oklahoma.gov/odmhsas/search.html?q=CATS>
- ODMHSAS free 1hr CATS eLearning: <https://oklahoma.gov/odmhsas/learning-and-education/training-institute/share.html>

Trauma Treatment

Brian Tallant’s NADD “Trauma treatment for youth and adults with IDD”:
<https://www.facebook.com/NADDMHID/videos/251263686001162>

“Tailoring Trauma-Focused Cognitive Behavioral Therapy for Children with IDD” webinar, NCTSN Learning Center: <https://learn.nctsn.org/>

TF-CBT web: <https://tfcbt2.musc.edu/> (\$) (\$35 for course)

TF-CBT National Therapist Certification Program: <https://tfcbt.org/> (\$)

Treatment Innovations: <https://www.treatment-innovations.org/> (\$)

Both

STRYDD Center (Supporting Trauma Recovery for Youth with Developmental Disabilities), Long Island Jewish Medical Center, Northwell Health.

- Individualized Therapy Accommodations Planning: IDD profile, p. 9 English, p. 11 Español
- Accommodations checklist 2019, p. 10 English, p. 12 Español

Bernier Lab, University of Washington, Trauma and ASD Reference Guide, June 2017:

<http://depts.washington.edu/rabl原因/reference-guides/bernier-lab-uw-trauma-and-asd-reference-guide-2017/>

Some possible general considerations

This section is compiled and adapted from: the Road to Recovery curriculum, information from co-chairs of the NCTSN's Trauma and IDD workgroup, Brian Tallant's work.

Be informed as you quickly can about:

- The child's specific ID, DD, disability, or/and ASD.
 - Including possible appropriate physical actions/reactions needed from you, e.g., when your assistance might be needed, and if so, the best way.
- Cultural issues for them about ID, DD, disability, or/and ASD.
 - For example, the term "gatekeeper". For a mental health provider, it might mean someone determining level of care. For a child with IDD, it might mean someone who helps bridge between them and "general" population.
 - Another language example. You might have been taught person first language, and would normally say, "an individual with autism". That might be how the individual you are working with would prefer it said. However, we must remember identity and empowerment are different for individuals, and our cultural norms may be incorrect. Some individuals prefer to identify as "an autistic person", as they feel empowered by that; autism is part of who they are, and not something to be seen as an issue. So, don't assume, ask, what a person prefers.

If applicable, be aware of situations there can be possible misattribution: cultural, medical, mental health, trauma, ID, DD, disability, ASD, so on.

Trauma screening and assessment:

Some challenges with screening and assessment tools:

- May not have been specifically validated for IDD.
- May need norms for IDD.

Some challenges in administration:

- Might need adaptive behavior measure results, and not have available.
- Due to child's functionality, there may be difficulty/delay/inability determining root of their answer; if it is cultural, medical, mental health, trauma, ID, DD, ASD, so on.

Some possibilities for adaptations:

- While caregivers are normally part (noting exceptions): may require higher involvement; may need to include multiple caregivers in various environments (e.g., school/daycare teachers).
 - If needed, provide psychoeducation on responses to trauma.
- When administering, consider:
 - Pace (e.g., slow down speech)
 - Complexity (e.g., use simple language)
 - Timing (e.g., present one concept at a time)
 - Sequencing (e.g., rearrange questions to build on strengths)
 - Use visuals (e.g., what does "never" look like)
 - Nonverbal communication (e.g., their nonverbal responses, having a way for them to nonverbally communicate)
- Need to use an intermediary (e.g., sign language interpreter, professional familiar with assistive devices).

Due to the potential issues with both the tools and administration, discuss anything that doesn't seem to line up to the child, caregiver, or/and you.

Through course of services, do careful assessment of functioning continuously, in conjunction with assessing symptoms.

Trauma Treatment:

Some general considerations:

- May need to adjust session length and frequency, e.g., shorter, more frequent.
- Length of treatment may be impacted, e.g., more sessions needed.
- Measuring change may need to be in smaller or/and more gradual increments.
- While caregivers are normally part (noting exceptions): may require higher involvement; may need to include multiple caregivers in various environments.
- Cognition: Establish an understanding of their level of comprehension. Don't want to assume the material is too complex nor that it easily understood.

Some Ideas for adapting psychotherapy:

- Have structure and routines
- Reward system, e.g., play reward, physical items
- Use visuals, e.g., explanation of terms, concepts, structure of session, course of treatment; for communication
- Nonverbal communication, e.g., visuals, squeezing an item, motions
- Slow down pace of a model
- Slow down your speech
- Use language that is comprehensible to the child
- Present information one item at a time
- Simplify
- Be concrete
- Take frequent pauses during the session to check comprehension
- Allow for repetition and paraphrasing
- Allow time to practice new skills
- Recognize that repetition is helpful for learning
- Allow time for cognitive processing
- Be aware child may return repeatedly to inaccurate or unhelpful cognitions
- Use multisensory interventions (e.g., non-verbal, play therapy) & tools to assist in learning
- Use individualized teaching materials
- Have alternative modes of expression such as art
- Make specific suggestions for change
- Do not assume that information will generalize to new situations. Work explicitly on generalization of skills to other environments.
- Take more breaks
- For treatment that includes a trauma-narrative, be creative, e.g., they dictate; use a tape recorder, video or still camera; role-play, song or dance; use play.

Questions that may need to be asked or answered

Possible questions you might need to ask of caregivers:

- Equipment, aids, or/and assists
- Service animal info
- Prior issues with any type of service provider

Possible questions to might need to answer for caregivers:

- Does your facility have ADA access and bathrooms.
- Any limits under payor source for possibilities such as, adjusting session length, session frequency, or/and longer length of treatment; and if limits, best options.
- What you need to be comfortable working with the child.

Posibles Consideraciones Generales

Infórmese lo más rápido posible sobre:

- El TDI o/y el TEA específico del niño.
- Cuestiones culturales para ellos sobre el
- TDI y/o el TEA.
 - Ejemplo: Es posible que a usted le hayan enseñado el lenguaje de la persona en primer lugar y que normalmente diga "una persona con autismo". Es posible que la persona con la que está trabajando prefiera que se diga así. Sin embargo, debemos recordar que la identidad y el empoderamiento son diferentes para cada persona, y que nuestras normas culturales pueden ser incorrectas. Algunas personas prefieren identificarse como "una persona autista", ya que se sienten capacitadas por ello, es parte de lo que son y no un problema para ser visto como un problema. Por lo tanto, no hay que asumir, sino preguntar, qué prefiere una persona.

En su caso, tenga en cuenta las situaciones en las que puede haber una atribución errónea: cultural, médica, de salud mental, de trauma, y/o TEA, etc.

Evaluación y detección de traumas:

Algunos posibles retos con las herramientas:

- Puede no haber sido validado para IDD.
- Puede necesitar normas para IDD.

Algunos posibles retos en la administración:

- Debido a la funcionalidad del niño, puede tener dificultades para determinar la raíz de su respuesta.
- Podría necesitar los resultados de la medida de conducta adaptativa, y no tenerlos disponibles.

Posibilidades de adaptación:

- Necesidad de involucrar un gran número de cuidadores en el proceso (por ejemplo, profesores de la escuela/guardería).
 - Proporcionarles psicoeducación sobre el trauma, según sea necesario.
- Al administrarlo, tomar en cuenta:
 - Ritmo (por ejemplo, disminuir la velocidad al hablar)
 - Complejidad (por ejemplo, utilizar un lenguaje sencillo)
 - Tiempo (por ejemplo, presentar un concepto a la vez)
 - Secuencia (por ejemplo, reorganizar las preguntas para aprovechar los puntos fuertes)
 - Utilizar elementos visuales (por ejemplo, explicar en qué consiste el "nunca")
 - Comunicación no verbal (por ejemplo, sus respuestas no verbales, tener una forma de comunicarse no verbalmente)

Debido a los posibles problemas con las herramientas y en la administración, discuta cualquier cosa que no se ajuste al niño, al cuidador y/o a usted.

A lo largo del curso de los servicios, realice de forma continua una evaluación cuidadosa del funcionamiento, junto con la evaluación de los síntomas.

Tratamiento:

Algunas consideraciones generales posibles:

- Puede ser necesario ajustar la duración y la frecuencia de las sesiones.
- La duración del tratamiento puede verse afectada.
- Puede ser necesario medir el cambio en incrementos más pequeños o más graduales. Si bien es normal que los cuidadores formen parte del tratamiento (salvo excepciones), se puede requerir una mayor participación, así como cuidadores en diversos entornos.

Ideas para adaptar la psicoterapia:

- Cognición: Establezca un entendimiento de su nivel de comprensión. No dé por sentado que el material es demasiado complejo ni que es fácil de entender.
- Tener estructura y rutinas
- Sistema de incentivos, por ejemplo, premio de juegos, objetos físicos.
- Utilizar elementos visuales, por ejemplo, explicación de términos, conceptos, estructura de la sesión, curso del tratamiento.
- Comunicación no verbal, por ejemplo, imágenes, apretar un objeto, movimientos
- Disminuir el ritmo de un modelo.
- Disminuir la velocidad al hablar.
- Utilizar un lenguaje comprensible para ellos.
- Presentar la información un punto a la vez.
- Simplifique.
- Sea específico.
- Haga pausas frecuentes para comprobar la comprensión.
- Permitir la repetición y la paráfrasis.
- Dar tiempo para practicar las nuevas habilidades.
- Reconocer que la repetición es útil para el aprendizaje.
- Permitir tiempo para el procesamiento cognitivo.
- Estar consciente de que el niño puede volver repetidamente a cogniciones inexactas o de poca utilidad.
- Utilizar intervenciones multisensoriales (por ejemplo, terapia no verbal, de juego) y herramientas para ayudar en el aprendizaje.
- Utilizar materiales didácticos individualizados.
- Disponer de modos de expresión alternativos, como el arte.
- Hacer sugerencias específicas para el cambio.
- No dar por sentado que la información se extenderá a nuevas situaciones. Trabajar explícitamente en la generalización de las habilidades para otros entornos.
- Tomar más descansos.

STRYDD Center: Individualized Therapy Accommodations Planning - IDD Profile

| Issues | Strengths in each of the areas | Therapy Accommodations |
|--|--|------------------------|
| Language issues | Language strengths | |
| <input type="checkbox"/> Limited expressive vocabulary | | |
| <input type="checkbox"/> Limited ability to express ideas in words | | |
| <input type="checkbox"/> Speech unclear/hard to understand | | |
| <input type="checkbox"/> Limited receptive vocabulary | | |
| <input type="checkbox"/> Limited understanding of complex language forms (e.g., multi-phrase sentences, etc.) | | |
| <input type="checkbox"/> Limited pragmatic skills (understanding and use of verbal and nonverbal cues for interpersonal communication) | | |
| Cognitive issues | Cognitive strengths | |
| <input type="checkbox"/> Difficulty with abstract concepts (more difficulty than expected for age) | | |
| <input type="checkbox"/> Difficulty with generalizing | | |
| <input type="checkbox"/> Difficulty with immediate memory (e.g., ability to remember multiple instructions just given) | | |
| <input type="checkbox"/> Difficulty with long-term memory retrieval on demand | | |
| <input type="checkbox"/> Limited attention span for at least some kinds of materials (specify) | | |
| <input type="checkbox"/> Limited visual/spatial skills—may affect organizing of information | | |
| <input type="checkbox"/> Uneven skills (specify—e.g., visual spatial skills much stronger than verbal or the opposite) | | |
| Sensory/motor issues | Visual/spatial and motor strengths | |
| <input type="checkbox"/> low vision (for near, far, both?) | | |
| <input type="checkbox"/> hearing issues (any aids?) | | |
| <input type="checkbox"/> fine motor issues (e.g., affecting writing, drawing) | | |
| <input type="checkbox"/> Gross motor issues | | |
| <input type="checkbox"/> Sensory sensitivities (specify) | | |
| Academic skills that can impact treatment <input type="checkbox"/> Reading decoding <input type="checkbox"/> Reading comprehension <input type="checkbox"/> Writing skills <input type="checkbox"/> Understanding basic numbers | Academic strengths that can be helpful | |
| Other issues <input type="checkbox"/> Obsessive about sameness <input type="checkbox"/> hyperfocus on _____ <input type="checkbox"/> difficulty with transitions <input type="checkbox"/> Limited emotional coping strategies | Special characteristics <input type="checkbox"/> Special interests <input type="checkbox"/> Tends to follow clear routines <input type="checkbox"/> Has mastered coping strategies of _____ <input type="checkbox"/> Other _____ | |

STRYDD Center: Accommodations Checklist

| |
|---|
| <i>Identify nature of IDD involved (check multiple if pertinent, e.g. ASD and ID)</i> |
| <input type="checkbox"/> <i>Learning disabled</i> |
| <input type="checkbox"/> <i>Speech/language impaired</i> |
| <input type="checkbox"/> <i>Autism spectrum disorder</i> |
| <input type="checkbox"/> <i>Intellectually disabled</i> |
| <input type="checkbox"/> <i>Multiple handicap</i> |
| <input type="checkbox"/> <i>Other (include sensory impairment) _____</i> |

ACCOMMODATIONS USED DURING THIS BLOCK OF SESSIONS:

Increased attention to engagement strategies

- More play time
- Use of special interests and/or skills
- Other: _____

Flexible session and treatment length and pacing

- Shorter sessions
- More sessions
- Adjust pacing of content
- Other _____

Adjustment of parental/caregiver involvement

Mechanism:

- Increased time in child session
- Increase in parent/caregiver sessions or between-session contact

Goal:

- Skill reinforcement
- Help deal with child anxiety
- For interpretation purposes

Adjustment of session content

- Clarifying session structure/aids for marking structure

Strategies for presentation adjusted depending on dd needs:

- Simplify language
- Simplify some content (e.g., choice of prac skill strategies)
- Additional comprehension check
- Increased use of visual cues
- Use of materials/strategies developed for youth with disabilities (e.g., social stories)
- Building on child’s special interests or areas of talent/relative strength
- Other _____ (e.g., increased use of technology/apps or materials for younger age)

- Attention to generalization of prac skills
- Attention to modality/type of narrative based on child’s skills
- Other: _____ (includes attention to any sensory issues—e.g., sensory sensitivities of youth with ASD, sensory issues of youth with low vision, hearing impairment, etc.)

Centro STRYDD: Planificación de Adaptaciones Terapéuticas Individualizadas - Perfil IDD

| Problemas | Puntos fuertes en cada una de las áreas | Adaptaciones terapéuticas |
|--|---|---------------------------|
| Problemas del lenguaje | Puntos fuertes del lenguaje | |
| Vocabulario expresivo limitado | | |
| Capacidad limitada para expresar ideas con palabras | | |
| ___ Hablar sin claridad/difícil de entender | | |
| ___ Vocabulario receptivo limitado | | |
| ___ Comprensión limitada de formas lingüísticas complejas (por ejemplo, oraciones con varias frases, etc.) | | |
| ___ Habilidades pragmáticas limitadas (comprensión y uso de señales verbales y no verbales para la comunicación interpersonal) | | |
| Problemas cognitivos | Fortalezas cognitivas | |
| Dificultad con los conceptos abstractos (más dificultad de la esperada para la edad) | | |
| Dificultad para generalizar | | |
| Dificultad con la memoria inmediata (por ejemplo, la capacidad de recordar múltiples instrucciones recién dadas) | | |
| Dificultad en la recuperación de la memoria a largo plazo cuando se necesita. | | |
| ___ Tiempo de atención limitado para algunos materiales (especificar). | | |
| ___ Capacidades limitadas de visualización/espacio pueden afectar la organización de la información. | | |
| ___ Destrezas dispares (especificar, por ejemplo, si las destrezas visuales de espacio son más evidentes que las destrezas verbales, y vice versa). | | |
| Problemas sensoriales/motores | Fortalezas de visualización/espacio y motricidad | |
| ___ Poca visión (de cerca, de lejos, ambos). | | |
| Problemas de audición (¿utiliza algún dispositivo auditivo?). | | |
| Problemas de motricidad precisa (por ejemplo, que afectan la escritura o al dibujo). | | |
| Problemas de motricidad general | | |
| ___ Sensibilidades sensoriales (especificar). | | |
| Destrezas académicas que pueden afectar el tratamiento ___ Descodificación de la lectura. ___ Comprensión de lectura. ___ Capacidades para escribir. ___ Comprensión de los números básicos. | Competencias académicas que pueden ser útiles | |
| Otros problemas ___ Obsesión por lo mismo. ___ Hiperfocalización en _____. ___ Dificultad con las transiciones. ___ Estrategias limitadas de afrontamiento emocional. | Características especiales ___ Intereses especiales. ___ Tiende a seguir rutinas claras. ___ Domina las estrategias de afrontamiento de _____. ___ Otros. | |

Centro STRYDD: Listado para comprobación de adaptaciones

| |
|--|
| Identifique la naturaleza del IDD implicado (marque varios si es pertinente, por ejemplo, TEA y DI) |
| <input type="checkbox"/> Discapacidad en el aprendizaje |
| <input type="checkbox"/> Deterioro del habla/lenguaje |
| <input type="checkbox"/> Trastorno del espectro autista |
| <input type="checkbox"/> Discapacidad intelectual |
| <input type="checkbox"/> Discapacidad múltiple |
| <input type="checkbox"/> Otros (incluye discapacidad sensorial) _____ |

ADAPTACIONES UTILIZADAS DURANTE ESTA SERIE DE SESIONES:

Mayor atención a las estrategias de participación:

- Más tiempo de juego.
- Uso de intereses y/o destrezas especiales.
- Otros: _____

Flexibilidad en la duración y el ritmo de las sesiones y los tratamientos:

- Sesiones más cortas.
- Más sesiones.
- Ajustar el ritmo del contenido.
- Otros: _____

Adaptación de la participación de los padres/cuidadores:

Mecanismo:

- Aumento del tiempo en la sesión del niño.
- Aumento de las sesiones de los padres/cuidadores o del contacto entre sesiones.

Objetivo:

- Reforzar las destrezas.
- Ayudar a tratar la ansiedad del niño.
- Para fines de interpretación.

Adaptación del contenido de la sesión:

- Clarificación de Clarificar la estructura de la sesión/ayudas para marcar la estructura
Estrategias de presentación ajustadas en función de las necesidades del DD:
 - Simplificar el lenguaje.
 - Simplificar algunos contenidos (por ejemplo, la elección de estrategias de habilidades prácticas).
 - Comprobar la comprensión de forma adicional.
 - Aumentar el uso de pistas visuales.
 - Uso de materiales/estrategias desarrolladas para jóvenes con discapacidad (por ejemplo, historias sociales)
 - Aprovechar los intereses especiales del niño o sus áreas de talento/fortaleza.
 - Otros _____ (por ejemplo, mayor uso de tecnología/aplicaciones o materiales para edad más temprana).
- Atención a la generalización de las habilidades prácticas.
- Atención a la modalidad/tipo de narración en función de las destrezas del niño.
- Otros: _____ (incluye la atención a cualquier problema sensorial -por ejemplo, las sensibilidades sensoriales de los jóvenes con TEA, los problemas sensoriales de los jóvenes con poca visión, discapacidad auditiva, etc.)

Other Sources

National:

AAP Council on Children with Disabilities: <https://www.aap.org/en/community/aap-councils/council-on-children-with-disabilities/>

American Academy of Pediatrics (AAP) Parenting website, English and Spanish: <https://www.healthychildren.org/English/Pages/default.aspx>

The ARC national: <https://thearc.org/> The ARC California: <https://thearca.org/>

American Association on Intellectual and Developmental Disabilities. <https://www.aidd.org/>

Association of University Centers on Disabilities: <https://www.aucd.org/template/index.cfm>

Association for Science in Autism Treatment: <https://asatonline.org/>

Autism Society: <https://autismsociety.org/>

Autism Speaks: <https://www.autismspeaks.org/>

Children's Bureau list of "Disabilities/Special Need Organizations": https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=84&rList=ROL

Edutopia: <https://www.edutopia.org/article/apps-students-special-needs-school-buildings-shutter>

Family Voices: <https://familyvoices.org/>

Federal Definition of IDD: <https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000> (has the PDF in English and Spanish)

Individuals with Disabilities Education Act (IDEA): <https://sites.ed.gov/idea/>

Interagency Autism Coordination Committee: <https://iacc.hhs.gov/>

International Society for Autism Research: <https://www.autism-insar.org/>

Lifespan Respite Care Program: <https://acl.gov/programs/support-caregivers/lifespan-respite-care-program>

National Association of Councils on Developmental Disabilities: <https://www.nacdd.org/>

National Association for Dual Diagnosis (NADD): <https://thenadd.org/>

National Center for Birth Defects and Developmental Disabilities (NCBDDD): <https://www.cdc.gov/ncbddd/index.html>

National Center for Learning Disabilities: <https://www.nclld.org/>

National Disabilities Council: <https://www.ncd.gov/>

National Federation of Families for Children's Mental Health: <https://www.ffcmh.org/>

Parent to Parent USA: <https://www.p2pusa.org/>

Sesame Street and Autism: <https://sesamestreetincommunities.org/topics/autism/>

Sibling Leadership Network: <https://siblingleadership.org/>

Sibling Support Project: <https://siblingsupport.org/sibshops/>

National emerging:

Dan Hoover, PhD., Kennedy Krieger: Interactive Trauma Scale, a web-based measure for children for autism.

Gallaudet University, <https://www.gallaudet.edu/> : working on trauma resources for youth who are hard of hearing or deaf.

Tribal:

Consortia of Administrators for Native American Rehabilitation: <https://canar.info/about/>

Indian Children's Program: <https://www.ihs.gov/icp/>

Interagency Autism Coordination Committee: <https://iacc.hhs.gov/> *Some talks re tribal issues.*

International Society for Autism Research: <https://www.autism-insar.org/> *Some content.*

Native American Disability Law Center: <https://www.nativedisabilitylaw.org/resources>

National Indian Education Association: <https://www.niea.org/>

National Indian Head Start Director Association: <https://www.nihsda.org/>

Tribal emerging:

Tribal Disabilities toolkit from National Indian Council on Aging (NICOA) and National Disabilities Council

Available soon, a large Tribal study on resources/navigation of the Tribal funding systems for IDD. [We are moving!! \(stateofthestates.org\)](http://stateofthestates.org)

Victim Services:

“Victims who have disabilities”, SART Toolkit Section 6.6, National Sexual Violence Resource Center: <https://www.nsvrc.org/sarts/toolkit/6-6>

Additional:

Children with intellectual and developmental disabilities can experience traumatic stress. A fact sheet for parents and caregivers. NCTSN: <https://www.nctsn.org/resources/children-with-intellectual-and-developmental-disabilities-can-experience-traumatic-stress-for-parents-and-caregivers>

Covid-19 from STRYDD:

https://www.lift4kids.org/find_help/disaster_resources_long_island_ny.html

Tailoring Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Youth with Intellectual and Developmental Disabilities: A Survey of Nationally Certified TF- CBT Therapists

<https://www.tandfonline.com/doi/abs/10.1080/23794925.2021.1955639?journalCode=uebh20>

Title: Social Skills Groups Adapted from Seeking Safety Model for Adolescents and Young adults with Developmental Disabilities and Mental Health Diagnoses:

https://www.aucd.org/docs/AUCD360_2018/Social%20Skills%20Groups%20Adapted%20from%20Seeking%20Safety%20Model%20for%20Adolescents%20and%20Young%20adults%20with%20Developmental%20Disabilities%20and%20Mental%20Health%20Diagnoses.pdf

Secondary Traumatic Stress:

Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT) eLearning, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Training Institute <https://oklahoma.gov/odmhsas/learning-and-education/training-institute.html> and the registration portal <https://odmhsas.interactyx.com/>

Secondary Traumatic Stress: Understanding the impact on professionals in trauma exposed workplaces, NCTSN Learning Center: <https://learn.nctsn.org/>