Mental health, disability, and trauma – children/youth

Three documents to support a child or youth with a developmental delay or/and a disability who has experienced trauma. These documents are for caregivers, mental health providers, and others.

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Version: January 26, 2025

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About this packet

This packet contains three documents to support a child or youth with a developmental delay or/and a disability who has experienced trauma. These documents are for caregivers, mental health providers, and others.

Use of terms developmental delay and disability

- A developmental delay is not necessarily a disability, and therefore listed separately. It is included, as many of the considerations or/and adaptations may be applicable.
- I understand the issues regarding the term "disability" for some of the ways it is used. I use it now and other times, as it is expedient (definition: convenient and practical although possibly improper or immoral; a means of attaining an end, especially one that is convenient but considered improper or immoral).
- At times instead of using 'a developmental delay or/and a disability', I use just 'disability'.
- Obviously, not all information applies to all delays or/and disabilities.

Disclaimers

- Everything is provided for informational purposes only.
- Inclusion does not indicate endorsement of information or source.
- As recognized, information is what it is, and may be constantly evolving.

Need for these documents

We know that youth with a delay or/and a disability, have possible increased risk factors for trauma. Given those possible increased risk factors and how prevalent trauma is, there is a need for mental health trauma informed and specific services for them. And for those services, there is an extensive list of all that is needed, which is definitely beyond the scope of this work. So, in the array, we are going to focus on addressing some specific gaps in what is currently available. And while adults with a disability (who also have possible increased risk factors for trauma) are not the focus, the three documents may benefit them, and it's helpful to have that

thought as we proceed; especially for a youth whose parent has a disability. (The CDC's current estimated prevalence of disability for adults is "Up to 1 in 4 (27%)".

If we examine what trauma treatment is available, some identified gaps are:

For mental health providers:

- May not be aware of what information and tools are available for trauma treatment.
- May not be aware of what information and tools are available for a delay or/and disability.

For caregivers and others:

- Might not know facts and considerations regarding reaching out to a mental health provider.
- May need to give the mental health provider the information they need to work with the child and family/other.
- May need to be more informed about information and tools.

To help address these gaps, are the first two documents:

Informing a provider*: Some available information and tools for a Mental Health provider, for a child or youth with a developmental delay or/and a disability who has experienced trauma.* While not all inclusive, it is a place to start; and it is a living document. It was drafted with a dual purpose:

- To be available to mental health providers as a stand-alone document.
- For caregivers and others: to be informed; and too use, in conjunction with *Contacting a Provider*.

Contacting a Provider*: For a child or youth with a developmental delay or/and a disability who has experienced trauma.* It was drafted for caregivers and others. Note: In present form, may require some level of training or a companion guide for utilization.

Finally, the third document is, a **PTSD and CPTSD Comparison.** It compares: PTSD from the DSM-5-TR, ICD-11, DM-ID-2, DC:0-5v2 and CPTSD from the ICD-11. It was drafted for those already familiar with the full works to use as a quick reference or/and for training. In this packet, a black and white Word version layout, is included in Section Five of Informing a Provider.

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Informing a provider – Original draft 5.30.22, Current version 01.26.24. (Just did some quick edits and checked the links, and as needed deleted/updated them, from version 11.28.23)

Contacting a provider – Original draft was I think sometime in the frame of late 2019 to early 2020, Current version 01.26.24 (Just did some quick edits from version 10.15.23)

PTSD and CPTSD comparison – Original draft ?, Current version 11.11.22

Informing a provider

Some available information and tools for Mental Health providers, for a child or youth with a developmental delay or/and a disability who has experienced trauma.

Version: January 26, 2025

Section 1 - Some basic sources

In this section, the majority is ***free***. If otherwise, noted by ($).

Trauma-Informed Approaches (TIA)

A few sources for incorporating a disability equity lens with the TIA basics of physical and psychological safety in Environment, Practice, and Policy.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach 2014 (https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884) This manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector.

SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach 2023 (https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach) This practical guide updates and expands the discussion presented in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach Resource from 2014.

Older Adults' Equity Collaborative's *Equity Assessment Checklist* (https://resourcelibraryadmin.nyam.org/resource-library/oaec-equity-checklist/) This equity self-assessment aims to help agencies determine how effectively they are supporting communities of greatest social need (GSN). It also aims to aid in identifying areas of growth. Please note that this is not an all-encompassing list of items necessary to serve GSN clients in your communities. Communities of Greatest Social Need (GSN) include: Black; Latino; Indigenous and Native American; Asian American and Pacific Islander; other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas.

United Spinal Association's Disability Etiquette, Tips On Interacting With People With Disabilities (https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf)

Being Informed, Screening, Assessment, and Treatment

The following is a mix for being informed, screening, assessment, or/and treatment.

APA *Guidelines for Assessment and Intervention with Persons with Disabilities* (https://www.apa.org/pi/disability/resources/assessment-disabilities). **While written for the psychologist profession, is helpful for others, as it includes info to help with understanding disability paradigms and models, and other applicable areas.**

Bernier Lab University of Washington - *Trauma and ASD Reference Guide, June 2017.* (http://depts.washington.edu/rablab/reference-guides/bernier-lab-uw-trauma-and-asd-reference-guide-2017/)

Brian Tallant's TEDD (Training Educators in Dual Diagnosis), "Trauma in Youth with Intellectual and Developmental Disabilities" - YouTube video (https://www.youtube.com/watch?v=3t8Z6ryHsnw&t=9s). Discusses the prevalence of trauma in youth with intellectual and developmental disabilities, and provides suggestions for trauma-informed practices.

Diagnostic Manual Intellectual Disability (DM-ID-2) ($) (https://thenadd.org/products/dm-id-2/)

Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities (https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines)

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

The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma Toolkit (NCTSN Learning Center https://learn.nctsn.org/). Designed to teach basic knowledge, skills and values about working with children with IDD who have had traumatic experiences, and how to use this knowledge to support children's safety, well-being, happiness, and recovery through trauma-informed practice.

Trauma Screening and Assessment

Brian Tallant's NADD "Trauma assessment in youth and adults with IDD" video, on Facebook (https://www.facebook.com/NADDMHID/videos/2264648153840775)

Child and Adolescent Trauma Screen (CATS)/(CATS-2):

- Original CATS in English and Spanish - UW Medicine, Harbor View Medical Center, Assessments (https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/assessment.html)
- The Child and Adolescent Trauma Screen 2 (CATS-2) - Validation of an instrument to measure DSM-5 and ICD-11 PTSD and complex PTSD in children and adolescents. At NIH (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9344962/)
- The CATS-2 – Caregiver 7-17, Youth 7-17 (Eng and Spn), and Webinar - Oklahoma TFCBT (https://oklahomatfcbt.org/audiences/tf-cbt-therapists/assessment-resources/)
- The CATS-2 1hr Webinar with CEU credit - ODMHSAS Training Institute (https://odmhsas.docebosaas.com/learn/course/external/view/elearning/492/child-and-adolescent-trauma-screen-20-cats-20) CEUs for CADC, Case Managers, CPS, LADC, LMFT, LPC, PRSS, Psychologists, and Social Workers

Trauma Treatment

Brian Tallant's NADD "Trauma treatment for youth and adults with IDD" video, on Facebook (https://www.facebook.com/NADDMHID/videos/251263686001162)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- TF-CBT IDD Implementation Guide (https://tfcbt.org/idd-implementation-guide/) and Supplemental Resource Guide (https://tfcbt.org/annotated-supplemental-resource-guide/)
- "Tailoring Trauma-Focused Cognitive Behavioral Therapy for Children with IDD" webinar - NCTSN Learning Center (https://learn.nctsn.org/)

- TF-CBT web, online training of the model - Medical University of South Carolina (https://tfcbt2.musc.edu/) ($) ($35 for course)
- TF-CBT National Therapist Certification Program (https://tfcbt.org/) ($)
- Oklahoma TF-CBT, has free resources for therapists (https://oklahomatfcbt.org/)

Treatment Innovations' Seeking Safety model, can be adapted (https://www.treatment-innovations.org/) ($)

Section 2 - Some possible general considerations

This section is compiled and adapted from: the Road to Recovery toolkit, information from co-chairs of the NCTSN's Trauma and IDD workgroup (2019), Brian Tallant's work, and other.

Be informed as you quickly can about:

- **The child's specific delay or/and disability.**
  - May impact how you set-up and prepare.
  - May need to know possible appropriate actions or/and reactions needed from you, e.g., when your assistance might be needed, and if so, the best way.
- **Cultural and social issues *for them* about their delay or/and disability.**
  - Example: Person first vs identity first language. 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 identity first language, and 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.
  - Example: The impact of insidious trauma *(definition: The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism,*

sexism, and other forms of oppression, and groups impacted by poverty [VAWnet]), as related to their disability, and as applicable, any other areas of intersectionality.

- Example: Their disability is a dynamic one, and they have both peers and teachers/others who don't understand dynamic disabilities, and the issues they are experiencing from that.

Be aware in situations there can be possible misattribution:

When trying to determine, "What is the source(s) of what a child is experiencing or/and exhibiting?", some considerations:

- Am I being unbiased?
- What are the possibilities? Developmental stage, personal trait, medical, mental health, trauma symptom, delay, disability, currently experiencing trauma, cultural, so on.
    - KEY: You may need to consider whether you are informed enough about any of the possibilities.
    - As applicable, while there might be the need for input from multiple individuals, sometimes physiological can be a source/co-source, and therefore, refer/work with a child's pediatrician.
- Is the source one or more?
- Can we determine the source(s)?

If needed:

- What do we do if we narrow the possibilities, but can't determine in the moment?
- What do we do if we can't determine at all, for the time?

Trauma screening and assessment:

Some considerations with screening and assessment tools:

- May not have been validated for the delay or/and disability.
- May have/need different norms.

Some considerations in administration:

- Might need adaptive behavior measure results, and not have them available.

- Due to a child's functionality, availability of information, the source, or/and so on, there may be difficulty, delay, inability, or/and misattribution determining.

Some possibilities for adaptations:

- Consider strengths.
- While caregivers are normally part of the process (noting exceptions), may require higher involvement; may need to include multiple caregivers and providers in various environments (e.g., neighbor/relative who provides care, school/daycare teachers, occupational therapist).
    - If needed, provide psychoeducation on responses to trauma.
- May need to establish an understanding of level of comprehension; don't want to assume the material is too complex, nor that it easily understood.
- May need to adjust administration time or/and course, e.g., might need to take more time; might need to break up into more sessions.
- When administering, consider:
    - Pace (e.g., slow down or speed up 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)
    - Using visuals (e.g., what does "never" look like)
    - Nonverbal communication (e.g., paying attention to 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 tool(s) and administration, discuss anything that doesn't seem to line up to the child, caregiver, or/and you.

Through the 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, follow-up sessions
- Measuring change may need to be in smaller or/and more gradual increments.
- Again, while caregivers are normally a part, may require increased participation; and other caregivers and providers may need to be involved.
- Assess initially and ongoingly for needed adaptations to psychotherapy. E.g., Cognition: Establish an understanding of level of comprehension; don't want to assume the material is too complex nor that it easily understood. Then depending on the child improving or experiencing impediment to their previous level, adjust as needed.

Some Ideas for adapting psychotherapy:

- Have structure and routines
- Reward system, e.g., play reward, physical items
- Use visuals (this may include videos), 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 or speed up 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:

- Information about equipment, aids, or/and assists
- Service animal information
- Prior issues with any type of service provider

Possible questions you might need to answer for caregivers:

- Is your location fully ADA accessible?
- 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 do you need to be comfortable working with the child? Example scenario, they use an assistive language device and that's outside your experience.

Section 3 - Some free tools

The following two tools are from the STRYDD Center (Supporting Trauma Recovery for Youth with Developmental Disabilities), Long Island Jewish Medical Center, Northwell Health.

Please note for the Spanish versions: They are from earlier versions of the tools, and I haven't had the opportunity to get the new versions translated.

STRYDD Center: Individualized Therapy Accommodations Planning Tool - IDD Profile

Language issues	✓	**Language strengths**	***Age/ Grade**	**Therapy Accommodation**
Limited expressive vocabulary				
Limited ability to express ideas in words				
Speech unclear/hard to understand				
Limited receptive vocabulary				
Limited understanding of complex language forms (e.g., multi-phrase sentences, etc.)				
Limited pragmatic skills (understanding and use of verbal and nonverbal cues for interpersonal communication				

Cognitive issues	✓	**Cognitive strengths**	***Age/ Grade**	**Therapy Accommodation**
Difficulty with abstract concepts (more difficult than expected for age)				
Difficulty with generalizing				
Difficulty with immediate memory (e.g., ability to remember multiple instructions)				
Difficulty with long-term memory retrieval on demand				
Limited attention span for at least some kinds of materials (specify)				
Limited visual/spatial skills—may affect organizing of information				
Uneven skills (specify—e.g., visual spatial skills much stronger than verbal or the opposite)				

Sensory/motor issues	✓	**Visual/spatial & motor strengths**	***Age/ Grade**	**Therapy Accommodation**
Low vision (for near, far, both)				
Hearing issues (any aids?)				
Fine motor issues (e.g., affecting writing, drawing)				
Gross motor issues				
Sensory sensitivities (specify)				

Academic skills that can impact treatment	✓	**Academic strengths**	***Age/ Grade**	**Therapy Accommodation**
Reading decoding				
Reading comprehension				
Writing skills				
Understanding basic numbers				

Other issues	✓	**Notes**	***Age/ Grade**	**Therapy Accommodation**
Willingness and Motivation				
Generalization of Skills				
Obsessive about sameness				
Hyperfocus on				
Difficulty with transitions				
Limited emotional coping strategies				

Special characteristics – strengths	✓	**Notes**	***Age/ Grade**	**Therapy application**
Special interests				
Tends to follow clear routines				
Has mastered coping strategies of:				
Technology skills:				
Other:				

*"Age and grade level" are if you have them available.

STRYDD Center: Session Accommodations Checklist

Identify nature of IDD involved (check multiple if pertinent, e.g. ASD and ID)

☐ Learning disabled ☐ Speech/language impaired ☐ Autism spectrum disorder

☐ Intellectually disabled ☐ Multiple handicap ☐ Other (include sensory impairment)

☐ Other and notes:_____

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 del lenguaje	✓	**Puntos fuertes del lenguaje**	**Adaptaciones terapéuticas**
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**	**Adaptaciones terapéuticas**
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**	**Adaptaciones terapéuticas**
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	✓		**Adaptaciones terapéuticas**
Sensibilidades sensoriales (especificar).			
Destrezas académicas que pueden afectar el tratamiento		**Competencias académicas que pueden ser útiles**	
Descodificación de la lectura.			
Comprensión de lectura.			
Capacidades para escribir.			
Comprensión de los números básicos.			
Otros problemas	✓		**Adaptaciones terapéuticas**
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)

☐ Discapacidad en el aprendizaje ☐ Deterioro del habla/lenguaje ☐ Trastorno del espectro autista

☐ Discapacidad intelectual ☐ Discapacidad múltiple ☐ 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.)

Section 4 - Other Sources

National and a few International:

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

ADA law with the ADAAA – ADA.gov (https://beta.ada.gov/law-and-regs/ada/)

- A brief intro summary of ADA law with the ADAAA – ADA.gov (https://beta.ada.gov/topics/intro-to-ada/)

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

American Association for People with Disabilities (https://www.aapd.com/)

American Association of Suicidology's page of Autism resources (https://suicidology.org/resources/autism-resources/)

American Association on Intellectual and Developmental Disabilities (https://www.aaidd.org/)

Americans with Disabilities Act National Network (https://adata.org/)

The ARC national (https://thearc.org/) The ARC California (https://thearcca.org/)
The Arc promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes.

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/)

Center For Disease Control (CDC), Act Early site, info such as Developmental Milestones (https://www.cdc.gov/ncbddd/actearly/index.html)

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)

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PDF in English and Spanish) - Administration for Community Living (https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000)

Edutopia: Apps for Students With Special Needs—As School Buildings Shutter (https://www.edutopia.org/article/apps-students-special-needs-school-buildings-shutter)

Family Voices (https://familyvoices.org/)

Gallaudet University: Deaf and Hard of Hearing Child Resilience Center - trauma resources (https://gallaudet.edu/deaf-hard-hearing-child-resilience-center/) Including, "We have created several ASL videos of resources developed by the National Center for Child Traumatic Stress."

- How to talk to children about shootings
- Coping after mass violence
- Age-related reactions to a traumatic event (young children, school-age, teenagers)
- For teens: Coping after mass violence

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

Interagency Autism Coordination Committee - HSS (https://iacc.hhs.gov/)

International Society for Autism Research (https://www.autism-insar.org/)

Lifespan Respite Care Program - Administration for Community Living (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) – CDC (https://www.cdc.gov/ncbddd/index.html)

National Center for Learning Disabilities (https://www.ncld.org/)

National Disabilities Council (https://www.ncd.gov/)

National Disabilities Rights Network (https://www.ndrn.org/)

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

Parent to Parent USA (https://www.p2pusa.org/)

Positive Identity Materials - at NADD (https://thenadd.org/materials-for-positive-identity-development/)

Sesame Street and Autism (https://sesamestreetincommunities.org/topics/autism/)

Sibling Leadership Network (https://siblingleadership.org/)

Sibling Support Project (https://siblingsupport.org/sibshops/)

State of the States in Intellectual and Developmental Disabilities Project - University of Kansas (https://stateofthestates.ku.edu/)

UCL Centre for Intellectual & Developmental Disabilities Research (CIDDR) (https://www.ucl.ac.uk/intellectual-developmental-disabilities-research/)

World Health Organization (WHO): International Classification of Functioning, Disability and Health (ICF) (https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health)

World Health Organization (WHO): *Caregiver skills training for families of children with developmental delays or disabilities* (CST), Released March and April 2022.

- WHO CST - toolkit providing guidance on caregiver skills training for families of children aged 2–9 years with developmental delays or disabilities (https://www.who.int/publications/i/item/9789240048836)
- WHO CST - online version of the training, targeted at caregivers (https://www.who.int/teams/mental-health-and-substance-use/treatment-care/who-caregivers-skills-training-for-families-of-children-with-developmental-delays-and-disorders)

National emerging:

Dan Hoover, PhD., Kennedy Krieger: Interactive Trauma Scale, a web-based measure for children for autism. Hoover DW, Romero EMG. The Interactive Trauma Scale: A Web-Based Measure for Children with Autism. J Autism Dev Disord. 2019 Apr;49(4):1686-1692. doi: 10.1007/s10803-018-03864-3. PMID: 30604349.

Tribal:

Black Feathers Podcast: Disability Conversations for All - Kansas University Center on Developmental Disabilities (https://kucdd.ku.edu/black-feathers)

Consortia of Administrators for Native American Rehabilitation (CANAR) (https://canarinc.org/)

Indian Children's Program of Indian Health Services (https://www.ihs.gov/icp/)

Interagency Autism Coordination Committee – some talks re tribal issues (https://iacc.hhs.gov/)

International Society for Autism Research – some tribal (https://www.autism-insar.org/)

Native American Disability Law Center (https://www.nativedisabilitylaw.org/resources)

National Congress of American Indians – Disabilities (https://www.ncai.org/policy-issues/education-health-human-services/disabilities)

National Indian Education Association (https://www.niea.org/)

National Indian Head Start Director Association (https://www.nihsda.org/)

National Native Children's Trauma Center (https://www.nnctc.org/)

Understanding Disabilities in American Indian & Alaska Native Communities - the National Indian Council on Aging (NICOA) and National Disabilities Council (https://www.nicoa.org/programs/technical-assistance-and-resource-center/disabilities/)

Victim Services:

"Victims who have disabilities" - SART Toolkit Section 6.6, National Sexual Violence Resource Center (https://www.nsvrc.org/sarts/toolkit/6-6)

NCTSN Factsheets:

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)

Choosing Trauma-Informed Care for Children with Intellectual and Developmental Disabilities: A Fact Sheet for Caregivers (https://www.nctsn.org/resources/choosing-trauma-informed-care-for-children-with-intellectual-and-developmental-disabilities-for-caregivers)

Trauma and Children with Intellectual and Developmental Disabilities: Taking Care of Yourself and Your Family (https://www.nctsn.org/resources/trauma-and-children-with-intellectual-and-developmental-disabilities-taking-care-of-yourself-and-your-family)

Understanding Trauma Responses in Children with Intellectual and Developmental Disabilities and When to Seek Help (https://www.nctsn.org/resources/understanding-trauma-responses-in-children-with-intellectual-and-developmental-disabilities-and-when-to-seek-help)

Additional/Random:

10 Differences Between IEP vs 504 (chart) – from A Day in Our Shoes (https://adayinourshoes.com/difference-504-iep/)

Dynamic Disability By Inês Mália Sarmento (https://www.disartnow.org/journal/dynamic-disability/)

Free Big Red Safety Box - The National Autism Association (https://nationalautismassociation.org/big-red-safety-box/): The NAA is committed to those with an Autism Spectrum Disorder (ASD) who may be prone to wandering off or eloping from a safe environment, and may be unable to recognize danger and/or stay safe. Wandering, elopement, "running" or fleeing behaviors among those within our community not only present unique safety risks, but also create extraordinary worry and stress among caregivers. Drowning fatalities following wandering incidents remain a leading cause of death among those with ASD. As such, the National Autism Association provides direct assistance to caregivers, educators and first responders. The Big Red Safety Box is a free-of-charge toolkit given to autism families in need as a means to educate, raise awareness and provide simple tools that may assist them in preventing, and responding to, wandering-related emergencies.

- free Be REDy Booklet for Caregivers
- free Be REDy Booklet for First Responders
- free Be REDy Booklet for Teachers

Implementing Trauma-Informed Care in IDD Organizations and Systems - The Traumatic Stress Institute (https://www.traumaticstressinstitute.org/) Their services have a cost ($), and they also have some information available at no cost.

LEGO - The re-imagined LEGO® Friends characters (https://www.lego.com/en-us/aboutus/news/2022/october/the-lego-group-reveals-a-new-generation-of-lego-friends?locale=en-us&consent-modal=show): Are more representative of the world that today's kids navigate, inclusive of gender, culture, ethnicity, physical traits and abilities, non-visible disabilities and neurodivergence.

'May the 4th Be With You': Baby Yoda Encourages Early Access to AAC - May 4, 2023, ASHAWire article (https://leader.pubs.asha.org/do/10.1044/2023-0504-baby-yoda-aac/full/)

PTSD Checklist for DSM-5 (PCL-5) – VA.gov

(https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp)

- Article on short form of PCL-5 (https://www.ptsd.va.gov/professional/articles/article-pdf/id52290.pdf)

Sensory Smart Parent (https://www.sensorysmartparent.com/): The sites includes their Sensory Checklist "Adapted from the book Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Processing Issues copyright (c) Lindsey Biel, OTR/L, MA, and Nancy Peske, 2005, 2009, 2018 and beyond For personal use only. To clear permission to use in a workshop or professional setting, contact Lindsey@sensorysmarts.com or Nancy@nancypeske.com.": Sensory Checklist

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)

State of the States in Intellectual and Developmental Disabilities – University of Kansas

(https://stateofthestates.ku.edu/). The State of the States in Intellectual and Developmental Disabilities project was initiated in 1982 to investigate the determinants of public spending for intellectual and developmental disabilities services in the United States. The project has developed a 40-year record of revenue, spending, and programmatic trends in the 50 states, the District of Columbia, and the United States as a whole. You can access nationwide longitudinal financial and programmatic trends on intellectual and developmental disabilities services by going to State Profiles.

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/full/10.1080/23794925.2021.1955639)

Top 20 Principles for Students with Disabilities: Principles from psychology to enhance pre-K to 12 teaching and learning. (https://www.apa.org/ed/schools/teaching-learning/top-twenty/disabilities)

Wellbeing and Secondary Traumatic Stress:

CalTrin (California Training Institute) (https://www.caltrin.org/)

- CalTrin Self-Paced Courses
    - Understanding Compassion Fatigue and Secondary Traumatic Stress
    - Strategies for Addressing Compassion Fatigue and Secondary Traumatic Stress
- CalTrin Training Archive
    - Secondary Traumatic Stress and Reflective Practice/Supervision
    - Trauma, Compassion Fatigue & Secondary Traumatic Stress
    - Organizational Strategies: Addressing Compassion Fatigue & Secondary Traumatic Stress

Secondary Traumatic Stress Consortium – free resources (https://www.stsconsortium.com/free-resources)

Secondary Traumatic Stress: Understanding the impact on professionals in trauma exposed workplaces - NCTSN Learning Center (https://learn.nctsn.org/)

Southern Regional Children's Advocacy Center – Secondary Traumatic Stress Resources (https://www.srcac.org/reflect-refuel-reset/)

University of Kentucky Center on Trauma and Children's Secondary Traumatic Stress Innovations and Solutions Center (https://ctac.uky.edu/projects-and-programs/secondary-traumatic-stress-innovations-and-solutions-center-sts-isc)

- Staying Inside the Window of Tolerance: An Advanced Training on Secondary Traumatic Stress and Resiliency

Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision - NCTSN (https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision)

Virtual Calming Room - Sacramento City Unified School District (https://calmingroom.scusd.edu/): Has strategies and tools for students, families, and staff.

NOTE: Some things to consider when using mental health or/and wellness, apps or/and online services.

• How do they protect my privacy? Are there steps I can take to protect my privacy?

• Are they ethical in their practices?

• What is the benefit/cost/risk of using them?

Global Frameworks:

Australia's Disability Strategy 2021-2031 (https://www.disabilitygateway.gov.au/document/3106)

- Easy read version of strategy (https://www.disabilitygateway.gov.au/ads/easy-read-strategy)

Canada's Disability Inclusion Action Plan (https://www.canada.ca/en/employment-social-development/programs/disability-inclusion-action-plan-2.html)

- Other versions of plan - Sign language, Braille, audio (https://www.canada.ca/en/employment-social-development/programs/disability-inclusion-action-plan-2/action-plan-2022.html#h2.0)

The Foreign, Commonwealth & Development Office (FDCO) UK Disability Inclusion and Rights Strategy 2022-2030 (https://www.gov.uk/government/publications/fcdo-disability-inclusion-and-rights-strategy-2022-to-2030)

Research Briefing: Disability Strategies in Wales, Scotland and Northern Ireland – UK (https://commonslibrary.parliament.uk/research-briefings/cbp-9671/)

Sweden – Disability Policy (https://sweden.se/life/equality/disability-policy)

WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-30 PDF (https://apps.who.int/iris/bitstream/handle/10665/360966/72wd07e-Disabilities-220523.pdf?sequence=2&isAllowed=y)

Section 5 – Quick Reference PTSD and CPTSD Comparison

Exposure criteria for older than 6 years old

DSM-5-TR PTSD >6yo	DM-ID-2 PTSD	ICD-11 PTSD	ICD-11 CPTSD
Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: • Directly experiencing • Witnessing in person • Learning the event(s) occurred to a close family member or close friend • Experiencing repeated or extreme exposure to aversive details. Note: Does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related	The person has been exposed to a traumatic event that they experience as being traumatic. No adaptation to the four criteria, but the threshold is often lowered for vulnerability and consequent activation of these conditions.	Exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature. Such events include, but are not limited to ...	Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible. Such events include, but are not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence, prolonged domestic violence, and repeated childhood sexual or physical abuse

Exposure criteria for ages 6 and younger

DSM-5-TR PTSD	DC:0-5 version 2 PTSD	Others
Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: • Directly experiencing • Witnessing, in person • Learning the event(s) occurred to a parent or caregiver figure	Exposed to significant threat of or actual serious injury, accident, illness, medical trauma, significant loss, disaster, violence, or physical/sexual abuse. • Directly experiencing • Witnessing, in person. • Learning the event occurred to a significant person in the infant's/child's life	DM-ID-2: Typically, the lower the developmental age, the lower the threshold that qualifies as traumatic ICD-11 PTSD: No age differences ICD-11 CPTSD: No age differences

Other criteria for older than 6 years old

Other Criteria	DSM-5-TR PTSD >6yo: 4 main clusters	DM-ID-2 PTSD	ICD-11 PTSD: 3 main clusters	ICD-11 CPTSD: PTSD plus 3 more clusters. For Problems in Affect Regulation (PAR), some e.g., can be in multi-areas
Intrusive/ Re-experiencing Symptoms	• Intrusive memories • Distressing dreams • Dissociative reactions • Psychological distress to reminders • Physiological response to reminders **For children >6** • Repetitive play with themes or aspects • Frightening dreams, unrecognizable content • Reenactment in play	• Intrusive memories: Behavioral acting out of traumatic experiences. Possibility of self-injurious behavior. • Distressing dreams: Frightening dreams without recognizable content • Dissociative reactions: Trauma specific enactments. Episodes can appear to be symptoms of psychosis. • Psychological distress to reminders: Disorganized or agitated behavior. • Physiological response to reminders: No modification	Re-experiencing the traumatic event in the present, in which the event(s) is not just remembered but is experienced as occurring again in the here and now.	Dissociative symptoms when under stress (PAR)
Avoidance Symptoms	• Avoiding or efforts to avoid memories, thoughts, feelings • Avoiding or efforts to avoid external reminders	Lower and broader threshold for avoidance of stimuli. Avoidance behaviors may be viewed as “noncompliance”.	Deliberate avoidance of reminders likely to produce re-experiencing of the traumatic event(s).	

Negative changes in cognition and mood Note - may not be a change, due to never a different reality	• Inability to remember • Negative beliefs or expectations about oneself, others, or the world • Distorted cognitions about the cause or consequences • Negative emotional state • Diminished interest/participation in activities • Feelings of detachment or estrangement from others • Inability to experience positive emotions	• Inability to remember: Problems with recall may appear to be function of cognitive impairment. • Negative beliefs or expectations about oneself, others, or the world: No modification • Distorted cognitions about the cause or consequences: No modification • Negative emotional state: No modification • Diminished interest/participation in activities: No modification • Feelings of detachment or estrangement from others: May be viewed as "noncompliance". • Inability to experience positive emotions: Risk of false positives.		• Beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event • Difficulties in sustaining relationships or/and in feeling close to others • Emotional numbing (PAR) • Inability to experience pleasure or positive emotions (PAR)
Arousal Symptoms	• Irritable behavior and angry outbursts • Reckless or self-destructive behavior • Hypervigilance • Exaggerated startle response • Problems with concentration • Sleep disturbance	No modification.	Persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises.	• Heightened emotional reactivity to minor stressors, violent outbursts, reckless or self-destructive behavior (PAR)

Other	• Duration is over 1 month • Distress or impairment in areas of functioning.	No modification.	• Duration for at least several weeks • Impairment in areas of functioning. If functioning is maintained, it is only through significant additional effort.	• Impairment in areas of functioning. If functioning is maintained, it is only through significant additional effort.

Other criteria for ages 6 and younger

- DM-ID-2: Either no modification/adaptation, or see section for children older than 6; other than in D where children with ID need to show alterations in arousal are linked to trauma.
- ICD-11 PTSD: Same clusters for all ages, possible differences in Developmental Presentations section.
- ICD-11 CPTSD: Same clusters for all ages, possible differences in Developmental Presentations section.

	DSM-5-TR PTSD 6yo & under	**DC:05 version 2 PTSD**
Intrusive/ Re-experiencing Symptoms	• Intrusive memories: may not appear distressing, and may be expressed in play reenactment • Distressing dreams: may not be able to tell if content is related • Dissociative reactions: reenactment may occur in play • Psychological distress to reminders • Physiological response to reminders	• Play or behavior that reenacts • Preoccupation conveyed by repeated statements or questions about some aspect. Distress is not necessarily apparent. • Repeated nightmares, which may or may not be linked. • Dissociative episodes, freezes, stills, or stares and is unresponsive to environmental stimuli. • Distress at reminders • Physiological reactions
Avoidance Symptoms	• Avoiding or efforts to avoid activities, places, physical reminders • Avoiding or efforts to avoid people, conversations, interpersonal situations	Attempts to avoid trauma-related stimuli
Negative changes in cognition and mood (Same note as prior table)	• Increased negative emotional states • Diminished interest/participation in activities • Socially withdrawn behavior • Reduction in positive emotions	• Dampening of positive emotional responsiveness • Increased social withdrawal • Reduced expression of positive emotions • Markedly diminished interest or participation in activities • Increased fearfulness or sadness

Arousal Symptoms	• Irritable behavior and angry outbursts • Hypervigilance • Exaggerated startle response • Problems with concentration • Sleep disturbance	• Irritability, outbursts of anger or extreme fussiness, or temper tantrums • Hypervigilance • Exaggerated startle response • Difficulty concentrating • Sleep difficulties
Other	• Duration is over 1 month • Distress or impairment in relationships with parents, siblings, peers, caregivers, or school behavior	• Duration is over 1 month. • Symptoms or caregiver accommodations in response to the symptoms, significantly affect the infant's/child's or/and family's functioning

The purpose of this document is for those already familiar to use as reference or in training. Sources:

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2022
- DM-ID-2: Diagnostic manual, intellectual disability: a textbook of diagnosis of mental disorders in persons with intellectual disability. National Association for the Dually Diagnosed. 2017
- International Classification of Diseases, Eleventh Revision (ICD-11), World Health Organization (WHO) 2019/2021
- ZERO TO THREE. (2021). DC:0–5TM: Diagnostic classification of mental health and developmental disorders of infancy and early childhood (Version 2.0). Washington, DC: Author. (Original work published 2016)

Compiled by Gwendolyn Downing, v 11.11.22

Contacting A Mental Health Provider:

For a child or youth with a developmental delay or/and a disability who has experienced trauma.

Version: January 26, 2025

Purpose

A child with a development delay or/and a disability who has experienced trauma, needs a mental health provider who is knowledgeable, or willing to become so, about mental health, trauma, and disability. This document may assist you in connecting with one.

Who are the providers?

There are many types of mental health providers, this is a brief description of some of them:

- **Psychiatrists:** Medical doctors that can diagnose mental health conditions, prescribe and monitor medication, and provide therapy.
- **Psychologists:** Have a doctoral degree in clinical psychology or another specialty. They can do evaluation (including a variety of intelligence, personality, and psychological testing), diagnose, and provide therapy.
- **Counselors/Clinicians/Therapists**: Have a master's degree and are licensed (based on specialty and state). They can provide screening, assessment, and therapy.

How do I find a provider?

Provider lists can come from sources, such as physicians, school counselors, family networks, and insurance providers. You can ask family, friends, co-workers, or/and others, for their recommendations.

Once you have the names of mental health providers in your area, call and interview them, to determine which is the best match for your child.

Before one begins

- ☐ Have a written list of your concerns, e.g., developmental concerns, what your child is experiencing or/and exhibiting, experiences they've had.
- ☐ Have information for the provider about your child's disability.
- ☐ Have information about any equipment, aids, assists, service animal.
- ☐ Be informed as you can of the types of services you need, and challenges that might be involved.

Things to consider

Cost of service questions: E.g., Do they have free services? Do they offer a sliding-scale-fee option (a reduction in the self-pay amount charged based on income)? What is their policy on accepting insurance? Is the provider in network or not? 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?

Location questions: E.g., Is it close enough to travel to? Is it physically accessible for my child?

Provider availability: There may be limited available providers in the area, only certain ones under a payor source, and many providers have not had the opportunity to receive specific information or/and training about trauma or/and disability. Those points can lead to multiple scenarios for a caregiver(s) and the child. If the situation is that there is a provider who is already knowledgeable, but has an extended wait time, there are options that can be explored. Focusing on the situation where there isn't a provider option, and the provider hasn't received information or/and training: If they are willing to work with the child and caregiver(s), they can still achieve successful outcomes with the information and tools that are available; and as needed, with consultation and support. If needed, give the provider the companion document "Informing a Provider"

What can we expect?

There are lots of variables with what to expect; it depends on the provider and the situation. This is an example of a common flow:

- Receive paperwork before the first appointment, to review and complete.
- The provider explaining and discussing services, completing paperwork, working on obtaining child history and current state, helping address any imminent needs.
- The provider doing screening and assessment for symptoms and other indicators, which helps identify the most appropriate course for treatment.
- Everyone working together on setting goals for treatment.
- Treatment.
- At any point, the provider might make referrals, such as for medication, evaluation, testing, support services.

Possible considerations for screening, assessment, and treatment

- **Aware of possible misattribution** (any time we incorrectly identify the source of something) between developmental state, personal traits, medical, mental health, trauma, disability, cultural, so on; discuss how that possibility is addressed throughout the process.
- **For screening and assessment**, aware of the possible issues with both the tools and administration, discuss anything that doesn't seem to line up to the child, you, or/and the provider.
- **For treatment**, you may want to be aware of information included in the "Informing a Provider" document.
- **Trauma experience does not necessarily mean they need trauma-focused treatment**, this is one of the reasons working with a provider who understands that and assesses for what is needed is important.

Additional considerations for contacting and initial engagement

- May need to make the provider aware of the coordination of any other appointments, e.g., medical, occupational therapy, legal.
- Instead of the initial visit being an intake, have a drop-by for the child to see the facility, and possibly meet the provider.
- Work with the provider in advance for a strategic first appointment, e.g., to include an orientation element, to try and help a child with a history of bad experience from other services (any type).

Levels of care

This document is for what is termed "community-based outpatient services", these are services that typically happen in an office or via teletherapy (sessions happen over a computer or tablet). Should your child experience mental-health symptoms that require more, depending on where you live, there is a possible continuum from community-based crisis services (e.g., someone comes to where the child is, or you take the child to them, for help right then) to in-patient (where the child is admitted to a hospital). Learn your local services and crisis-numbers.

Example Questions When Contacting a Provider

Start with financial issues. If they are not a match, ask if they have a referral.

Have they provided treatment for a child, with my child's disability diagnosis before?

If not, have they received training, or would they be willing to receive more information, tools, training, or/and consultation on my child's needs? E.g., information on their disability diagnosis; adaptation considerations for screening, assessment, and treatment.

Explore child's specific needs: E.g., "My child uses a walker. Is your facility, including the bathrooms, accessible for them?" "My child uses an assistive language device. Are you okay with that, or what would you need to be so?" "My child likes to play with their (specific toy), would it be okay if we brought that?"

Do they use specific screening and assessment tools for the reason I am seeking services?

- If yes, which tools are used? E.g., the Child and Adolescent Trauma Screen

- How will the results be shared with my child and me, and used in treatment?

Do they use evidence-based treatment models?

- If yes, have they had training in an evidence-based model for the reason(s) I am seeking services (e.g., behavioral issues, traumatic stress symptoms, drug and alcohol use)? E.g., Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Child-Parent Psychotherapy (CPP), Seeking Safety. You may want to check the model for yourself at the California Evidence Based Clearing House (https://www.cebc4cw.org/).

- If yes, how many times have they done it, and when was the last time? Note, even if they don't have much experience, or/and it has been a while, depending, that can be okay.

- About how many sessions does it normally take for this kind of treatment? How often would we have sessions (Note, they may not be able to answer this until after intake)?

- How am I involved as a caregiver throughout our time working together? Note, it is important that you be part of the process.

How are our cultural needs addressed?

Are there any supports for me as a caregiver?

Are there any supports for other family members, such as siblings?

Are they willing to collaborate with other service providers? E.g., medical, speech

Are they willing to collaborate with other systems? E.g., school, child-welfare

Notes Space