Don't DIS my Ability: Adapting PRACTICE for Youth with Developmental Disabilities

Melissa Bernstein, Michael Gomez, and Paul Shawler
2016 Advanced TF-CBT Conference
Norman, Oklahoma
May 10, 2016

Overview

- At the end of this presentation participants will have learned
  - General strategies (i.e., "rules of thumb") for working with children with developmental disabilities in the TF-CBT model
  - Specific PRACTICE component adaptation within the TF-CBT model for children with trauma and developmental disabilities
  - Myths and common missteps when working with children with trauma and developmental disabilities

Let's get some terminology out of the way

- "Developmental Disability"
  - Under this very broad heading, in this presentation, we will mean
    - Intellectual Disability (the current name for what was once called "Mental Retardation")
    - Autism Spectrum Disorders (ASD)
    - Delays due to environmental factors (such as FAS or TBI)
    - Focal developmental delays (e.g., a 5-year-old child who is entirely nonverbal)
  - We will attempt to specify if we are talking about a specific condition (e.g., focusing on ASD vs. FAS)
  - Other terms that would be helpful to clarify?

Myths and Common Missteps

- "Kids with DD cannot learn."
  - FALSE: This is typically seen with ID (but you hear it with ASD as well).
  - DD means that it may take more repetitions, more time, and/or more practice to learn what a child without DD would learn with less repetitions, time, practice, etc.
  - But they can TOTALLY still learn.

Myths and Common Missteps

- "Kids with DD cannot learn THERAPY skills."
  - FALSE: See previous slide.
  - The more accurate statement may be "Kids with DD need ADAPTED therapy interactions."
  - Implicit in this is you may need more sessions or time to get the skill down
    - But if you're on session 10 of relaxation I'm going to call you out on a consult call

Rule of Thumb

- Use "cognitive age" if running into trouble as a first tactic to help adapt
  - Ex: If the chronological age of the child is 15 but the "cognitive age" of the child is closer to the 3rd grade . . .
  - Then you're doing TF-CBT at a 3rd grade level.
- This does NOT mean to throw out a component
  - You have to try it before you say it won't work
  - And you have to try it in multiple different ways
  - Example #1: The Cognitive Triangle

Myths and Common Missteps

- "This kid is still not doing well and I don't know why"
  - Have you checked
  a. The school based team (do they have one?)
    - If they do, we want to use (as much as is possible) COMMON LANGUAGE and TERMS
  b. Secondary trauma from bullying or victimization from their disability, their trauma, or both.
    - I mention "b" because guess what Dr. Gomez forgot to check one time?

ppractice – general considerations

- Rule of thumb = Keep it super simple
  - Not just for the kid but also for
    - The kids two foster parents
    - The kids 6 people on his school based team
- Rule of thumb = In session, be moving
  - And have a reward system (e.g. sticker chart)
  - This is good in general but invaluable with children with DD
- Rule of thumb = Use the features of the disability to "tag on" your therapy components
  - Ex: If your child with ASD LOVES baseball, guess how you're gonna be teaching the Cognitive Triangle?

Ppractice - Psychoeducation

- Psychoeducation points to hit specific for DD
  - Differential diagnoses
    - Ex: ASD can result in odd eye contact . . . But so can dissociative symptoms that result from traumatic stress
  - Trauma exposure itself can be viewed as a disability (at the very least it will exacerbate the current DD)
  - Triggers need to be identified and managed (this is usually a good starting point)
    - i.e., he may be screaming at the top of his lungs not solely because of "sensory issues" but because his uncle would walk up behind him prior to abusing him

Myths and Common Missteps

- "It's not working, so the kid must not be able to do the skill."
  - So . . . How are the caregivers doing with these skills???
    - Few possibilities
    - Disengaged Caregivers
    - The caregivers, themselves, also have a developmental disability
- Which brings us to . . .

pPractice – Parenting

Parent's Role for Children

A Review of Goals for Parenting

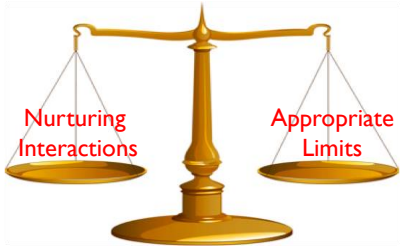
- Normalization or response to trauma
- Skills building
  - Response to problematic behavior
  - Praise
  - Selective attention
  - Timeout-outs
  - Contingency reinforcement

Challenges in Parenting with children with DD

- Stressed and overwhelmed
  - Supervision demands
  - Need for education and preparation for raising a child with DD
  - Lack services for children with DD
  - Children need enhanced skills to respond to reinforcement and discipline

Help Getting Families Back to Normal

- Promote a "balance"



How to Show Love, Safety, Security, and Increase Positive Behavior

How to Respond to Child Behavior

The overarching messages to parent training…

- Antecedents → Behavior → Consequences
  - Children do things for a reason (If it worked one time, maybe it will work again)
  - Children thrive on structure and routine that is consistent and predictable
  - Caregivers can do amazing things by applying prevention (antecedents) strategies and responding differently (consequences) to both positive and negative behavior
- Children do things to:
  - Get attention
  - Gain something
  - To get out of things
  - Because they like the way it makes them feel
- Behavior can change! And small changes can make a huge difference!

Questions to Ask in Parenting

- Do I know where the family has been?
- Have a I used the parents expertise for their child?
- Am I helping the family with structure and routine?
- Am I helping the parent come up with effective reinforcement?
- Am I being realistic with my recommendations?
- Am I connecting the family with community support?
- Do I need to shift focus from behavioral problems to trauma reaction or vice versa?
- I am working with the family team to understand medication management?

Myths and Common Missteps

- "The parents said if we can't get the kid to stop going into rages the school will kick him out."
  - First, make sure you know ALL the numbers to state and federal disability advocacy groups
  - One of the most helpful skills we impart (Tony calls it "the gift") is the ability to self-soothe and relax
- Which brings us to …

ppRactive- Relaxation

Review of Goals for Relaxation

- Teach about the body's responses to stress
- Reduce physiological symptoms of stress and trauma
- Help prepare child for future sessions (pair with affect and trauma narrative)

Challenges in relaxation with children with DD

- Higher baseline anxiety and agitation
- Difficulty remembering and generalizing relaxation strategies
- Issues with sensory integration and sensitivity
- Potential for higher caregiver stress

Relaxation – Thing to keep in mind for children with DD

- Break it down!
- Incorporate visualization and guided imagery
- Use physical prompts and modeling
- Incorporate parents, siblings, and teachers
- Repetition, repetition, repetition

Teaching the Stress Response

Stress and the body

- How does your body feel when you think about scary things?

Relaxation Strategies

Heavy Hitters:

- Deep Breathing
- Progressive Muscle Relaxation
- Grounding

Questions to ask yourself:

- Do they keep the child's attention?
- What are the child's interests and how can I include them?

Myths and Common Missteps

- "My kid has Autism, so that means we can straight skip emotions. Kids with autism don't have emotions right?"
  - At this point I'm not even gonna have a bullet point with the word "FALSE" on it, you see the title of this slide
  - Autism can be defined as a "Disorder of Social Communication"
  - Temple Grandin, ASD as "different minds"
- Which brings us to . . .

pprActice – Affect

A Review of Affective Goals

- To help children identify, regulate, and express feelings more effectively
- Decrease avoidance strategies
- To learn APPROPRIATE ways to express emotions
  - Our mantra "No emotion is good or bad, just what you do with it"

Challenges with Affective Module

- Children with DD may have:
  - Difficulty identifying emotions in self and others
  - Difficulty expressing emotions by facial gestures and/or verbally
  - Sensory sensitivity
  - Impulsivity
  - Agitation
  - Heightened anxiety
  - Greater behavioral challenges

How do we see into their world?

Multimethod Learning

- Is it sinking in? Did I do enough repetitions?
- Can I involve the family or other supports?
- Am I making it relevant to the child?
- Is there a delayed affect?
- How else might I try?

Myths and Common Missteps

- "My kid has ID, so we he/she won't be able to get the thoughts down."
- Variation of this: "I tried to get the thought part down and it's not working"
- Which brings us to . . .

ppraCctice – Cognitive Coping

Goals of Cognitive Coping

- To understand the relationship among thoughts, feelings, and behaviors
- To learn cognitive coping skills
- To acknowledge and share internal dialogue

Challenges in Cognitive Coping with children with DD

- May have difficulty with
  - Abstract thinking
  - Sequencing events
  - Task breakdown
  - Ambiguity

Cognitive Coping– Thing to keep in mind for children with DD

- Help children to sequence behaviors

Cognitive Coping– Thing to keep in mind for children with DD

- Spend time explaining thoughts
- Make it interactive
- Use play
- Use art/visuals
- Incorporate interests

Myths and Common Missteps

- "My kid says he/she doesn't remember what happened? They have ID (or ASD) so that might be right. Right?"
  - Again, remember "cognitive age"
  - But also remember that trauma can bring with it dissociative symptoms (think of a typical story of an adult who got in a car wreck)
  - Key here is that Impaired Cognitive Functioning does NOT necessarily indicate Impaired Memory
    - But absolutely rule this out if you think this is a concern
    - I'd recommend having them see the neurologist or neuropsychologist in PRAC, not when you get to TN

ppracTice – Trauma Narration

- Remember: "If ever you come to a part of a problem that you do not know what to do, stop, go back to any part you do understand, and begin again from there."
- So, let's quickly review TN steps in general

ppracTice – Trauma Narration

- Tip #1: Set your baseline
  - Start with Timeline
  - Add a LOT of visuals for your kids
  - Ex: Visual Calendar (or turn the room into a "year")
- Tip #2: Keep it fun and active
  - If possible, use stations
  - "Scavenger Hunt" for questions about the trauma
  - This might be a great place for a Pictorial Narrative

ppracTice – Trauma Narration

- Tip #3: Structure. Is. Your. Friend
  - If something is not working, just add (more) structure
  - "He wouldn't talk about his trauma"
    - Did you do a timeline?
      - "Ya"
        - Have you tried a question and answer game?
        - Series of questions about the trauma (e.g.,"What room did it happen in?")
        - "Ya"
          - Have you done the fill in the blank method?
          - "I was ____ years old when my dad died"

ppracTice – Trauma Narration

- Tip # 4: Add behavioral reinforcers
  - Ex: For the fill in the blank method, you put points on each blank and they get a prize for accumulation of points at the end of session
  - Also, general behavioral reinforcers
    - ONLY reward effort and on task behavior, NOT content of answers
  - Always keep in mind A → B → C

ppracTice – Trauma Narration

- Last tip
  - Remember your principles of a good TN
  - 1: Specificity and Coherency
  - 2: Did you hit as many parts of the triangle as possible?
  - 3: Did you hit the 3 Goals of TN (desensitize, red flag cog distortions, make meaning)?
  - 4: Did you do a Conjoint Sharing after the TN was completed?

THANK YOU!!!