



PPRACTICE Makes Perfect: Navigating  
skills for youth with autism and  
intellectual and developmental  
disabilities

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# Goals for today:

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1. Learn about prevalence and frequency of trauma with youth with ASD & IDD.
2. Gain skills to adapt Assessments of PTSD in youth with ASD & IDD.
3. Gain skills to adapt PRACTICE components to meet needs of this special population.

# What does IDD/ASD Encompass?

- 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)
  - Other developmental delays (e.g., genetic conditions, learning disability, etc.)
- All developmental disabilities present differently- even within the same diagnosis.

# What we know

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Youth with Intellectual and Developmental Disabilities (IDD) are at higher risk for experiencing almost every type of trauma, including:

- Physical Abuse
- Witnessing Domestic Violence
- Sexual Abuse
- Neglect and emotional abuse
- Psychological distress to medical procedures

44% of victims with IDD had a relationship with their abuser directly related to their disability (Davis, 2004).

# Potential Pathways of Maltreatment & Developmental Disability

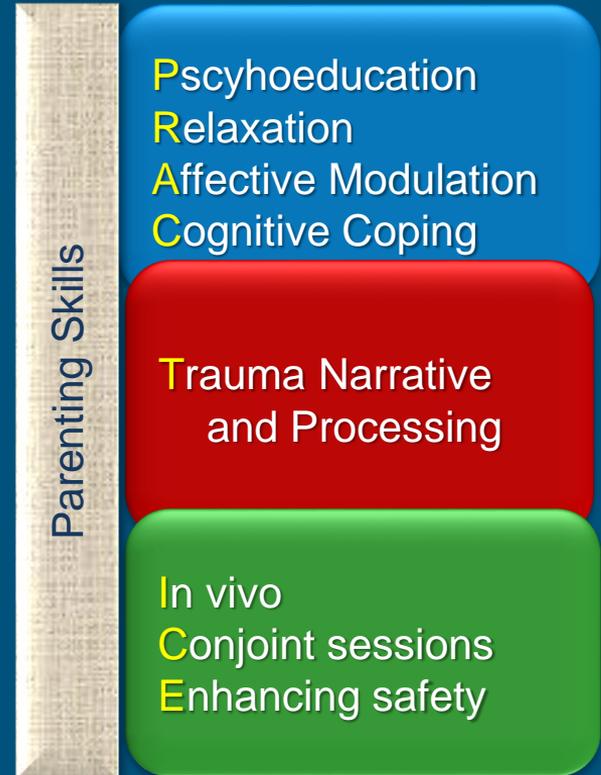
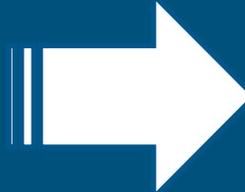


# Assessing Trauma in Youth with IDD

- Screening is highly important.
  - Trauma is typically underreported due to youth's difficulty with communication, misunderstanding of what is acceptable and appropriate behavior, and increased complicity with authority figures.
- Similar to the general population, not every child with trauma histories develop PTSD and/or require trauma-focused treatment.
- Assessment adjustments will look similar to those in treatment itself, including increased use of visual aids, asking simple questions, utilizing structure and behavioral reinforcers.
- Focus on behavioral observations both in session, and illicit these from caregiver interview from before/after the child's trauma to determine other impairment beyond what child is "reporting" verbally.

# Common Difficulties and their Impacts on TF-CBT

- Chronological Age vs Developmental Age
- Difficulty with concepts of time, volume, “amounts”
- Difficulty identifying emotions
- Difficulty with perspective taking
- Impulse control/decision-making
- Physical limitations
- Difficulty with receptive or expressive language
- High focus/interest in only one subject matter



# Key TF-CBT Adaptations

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- Increasing structure and behavioral reinforcement in therapy:
  - Visual schedules
  - Clear behavior management system
  - Clear goals for each session
  - Meet child at their “cognitive age”
- Alter language to meet child’s cognitive age and receptive language skills.
- Repetition of concepts in multiple modalities.
- Increased focus on practice outside of the home.
  - Importance of parents, siblings friends, teachers, professionals, community members, etc.

# General Technique Adjustments

Simplification in communicating.

Smaller portions of information at a time.

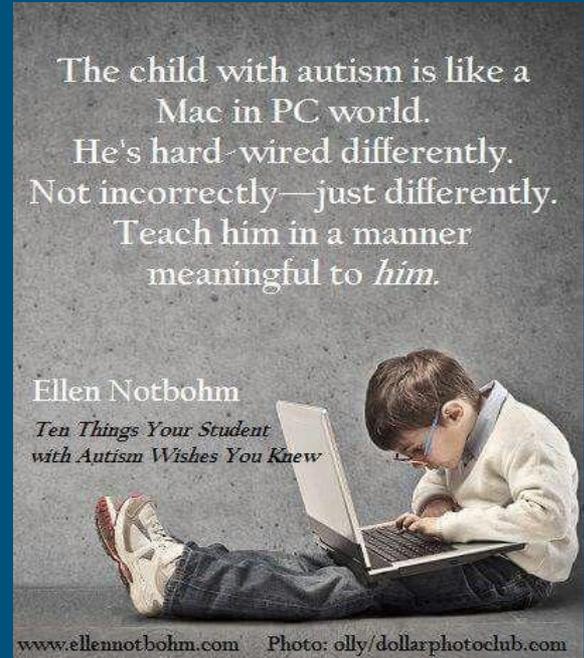
Repetition and multiple ways of teaching information.

Engaging other family members.

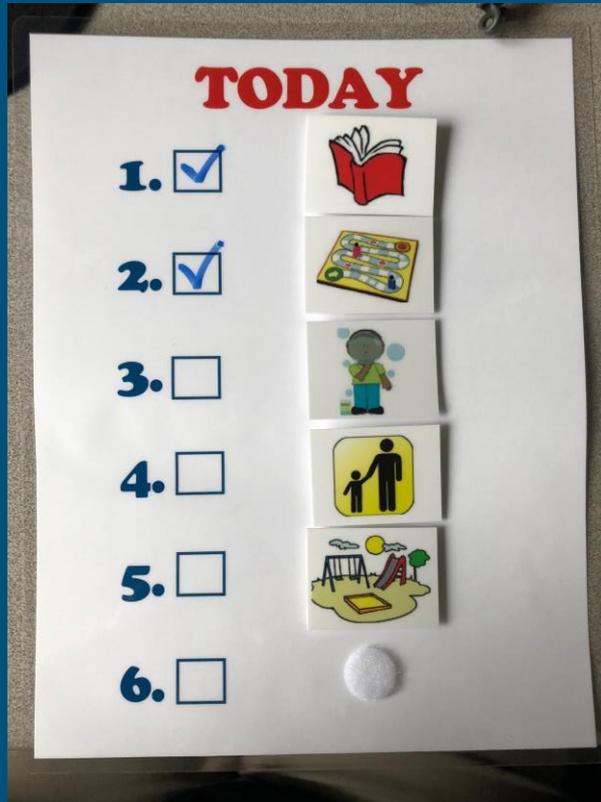
Multiple senses engaged at each component.

Structure, behavior management.

Patience and rolling with roadblocks.



# Structuring TF-CBT Sessions

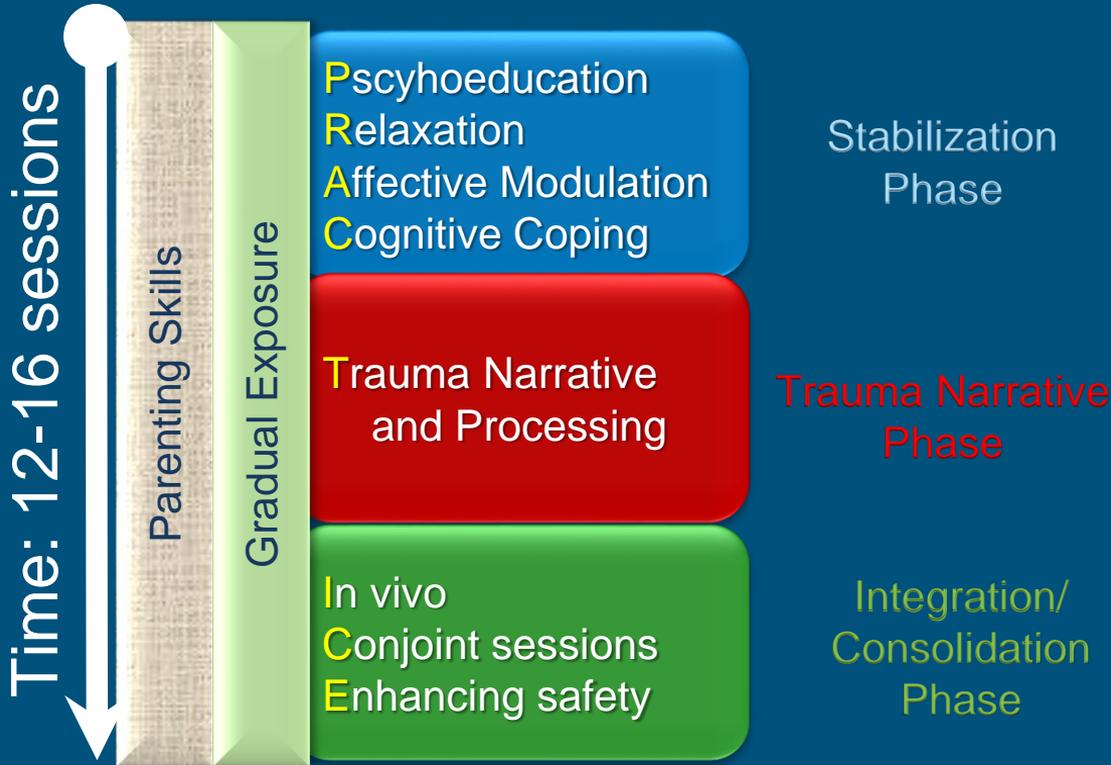


1. Review daily goals and session structure.
2. Review reinforcement system.
  - Sticker chart
  - Free time at the end of session for play or for discussion of child's favorite activity
3. Review home-practice and previous week session highlights with child and caregiver.
4. Activity 1: Learn Feelings Faces; Feelings Chart
5. Activity 2: Feelings Candy Land
6. Activity 3: Teach Feelings to Caregiver
7. Child's earned reward time.
8. Caregiver-Provider time.

# TF-CBT Component Adaptations

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# PPRACTICE, PPRACTICE, PPRACTICE

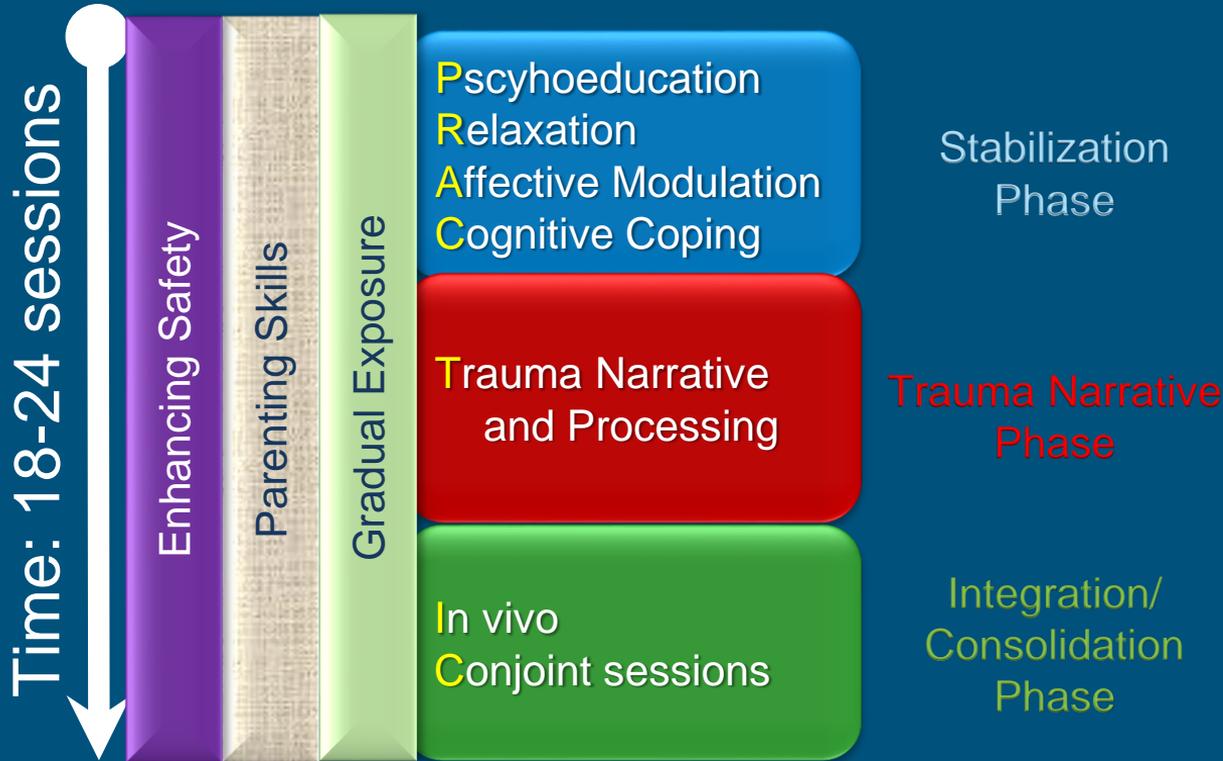


# Adapting Treatment While Maintaining Fidelity

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- Anticipate extended treatment time to 18-24 sessions, much like youth with complex trauma.
  - Youth may need extended time in PRAC components to grasp concept, for skills to generalize.
- Move **Enhancing Safety** to the beginning and continue throughout treatment.
  - Youth with IDD typically:
    - Struggle to identify unsafe or risky situations.
    - Struggle to communicate needs and concerns.
    - Are at high risk for continued ongoing stressors (i.e., appointments with caretakers or medical professionals, negative peer interactions, etc.).

# Modified TF-CBT Model



# Enhancing Safety

- Stabilization of placement and school.
- External environment, structure, stability.
- Habit reversal.
- Okay Touch vs. Not Okay Touch.
- Private Part Rules.
- No-Go-Tell/ROAR.



Parenting, Parenting, Parenting



# Review of TF-CBT Parenting Goals

“You're now in a secret world. You'll see things you never imagined: ignorance, rudeness and discrimination. But you'll also witness so many everyday miracles, and you'll know it. You won't think a milestone is just a milestone, you'll know it's a miracle and be present in that moment. You'll treasure things most wouldn't think twice about. You'll become an advocate, an educator, a specialist and a therapist, but most of all, you'll be a mom to *the most wonderful child.*”

-Geraldine Renton

*The*  
**MIGHTY**

- Normalization and response to trauma.
- Promote a “balance” of nurturance vs. limits.
- Skills building
  - Response to problematic behavior
  - Praise
  - Selective attention
  - Timeout-outs
  - Contingency reinforcement

# Challenges for Parents of Youth with IDD/ASD

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- Stressed and overwhelmed
  - Different levels of supervision demands.
  - Need for education and preparation for raising a child with IDD/ASD.
  - Lack services for children with IDD/ASD.
  - Children need enhanced skills to respond to reinforcement and discipline.

# Questions to ask yourself in Parenting

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- Have 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?
- Have I reached out to my own colleagues for support and resources?

# Relaxation

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# Relaxation Strategies

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## 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?

Never in the history of calming down has anyone calmed down by being told to calm down.

# Grounding

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- If overwhelmed by sensory feelings develop a toolkit with items they find soothing and can use for grounding (bubble wrap, sandpaper, cotton, felt, playdough, water and sand).
- When a child experiences a trigger that is overwhelming we don't want child to only rely on a person to calm down.
- One example from developers is "pocket pat" a felt cut out of the person that served to help ground the child.

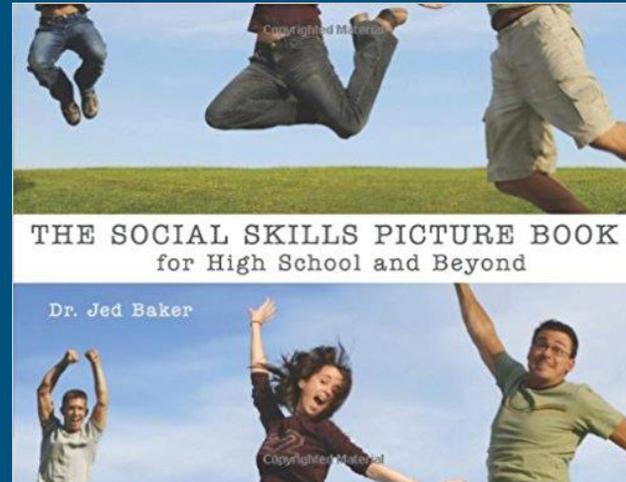
# Affect Identification

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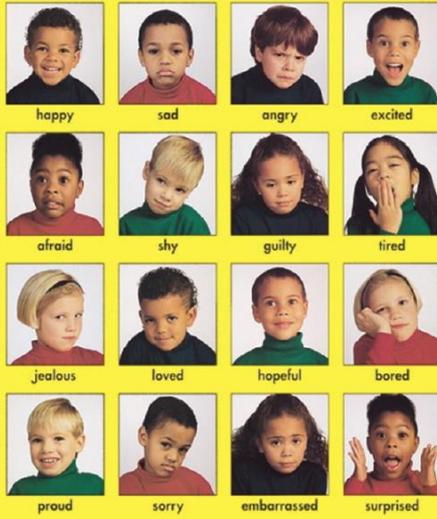
# Affect Identification and Rating

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- Reduce number of feelings to use.
- Master identification of those feelings.
- Attempt teaching in multiple ways and modalities.
  - Connect faces to their interests or to real life pictures.
  - Practice making faces in mirror.
  - Charades or other act it out games.
  - Movie / TV Show / Video Clips.

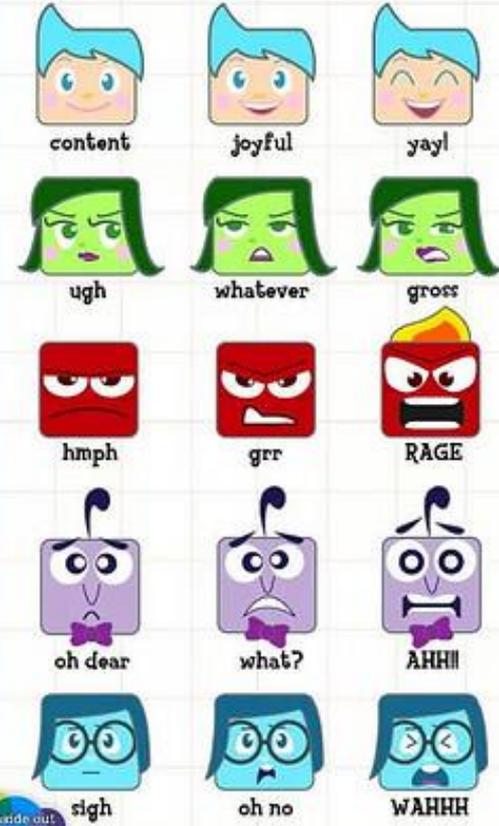


# Emotions

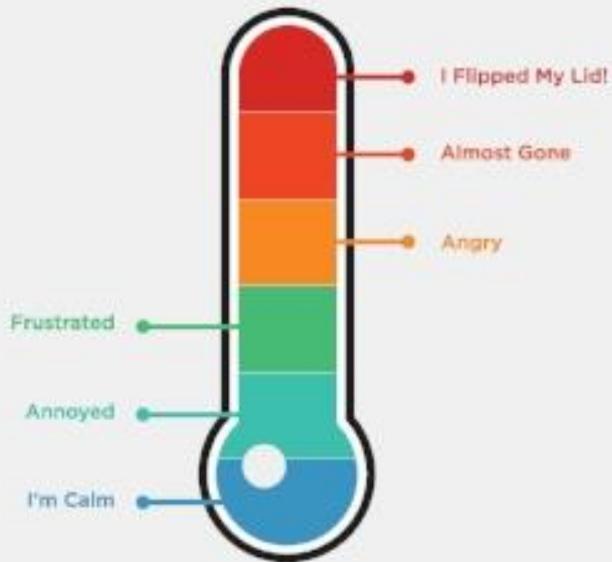


# INSIDE OUT

How do you feel today?



# THE ANGER THERMOMETER



[www.cdfllheppars.com](http://www.cdfllheppars.com)



## How Big is My Problem?

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### Emergency

You definitely need help from a grownup (fire, someone is hurt and needs to go to the hospital, a car accident, danger).



4

### Gigantic problem

You can change with a lot of help (getting lost, hitting, kicking, or punching a friend, throwing or breaking things, bullying).



3

### Big problem

You can change with some help (someone is mean to you or takes something that is yours, a minor accident, needing help calming down).



2

### Medium problem

You can change with a little help (feeling sick, tired, or hungry, someone bothering you, being afraid, needing help).



1

### Little problem

You can change with a little reminder (not being line leader, not winning a game, not taking turns, making a mess).



0

### Glitch

You can fix yourself (changing clothes, cleaning up toys, forgetting favorite toy or blankie).



# Cognitive Coping



# Challenges to Cognitive Coping

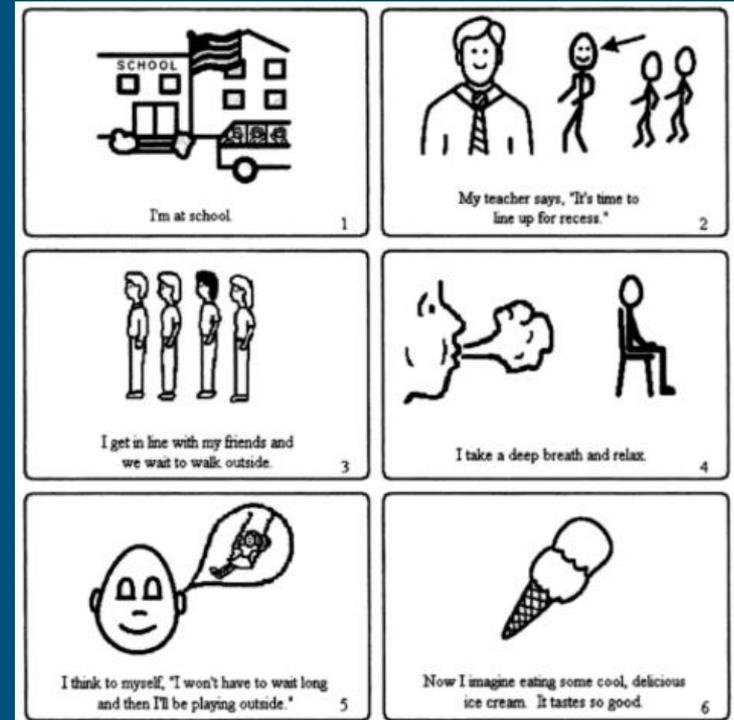
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- May have difficulty with:
  - Abstract thinking.
  - Sequencing events.
  - Task breakdown.
  - Ambiguity.



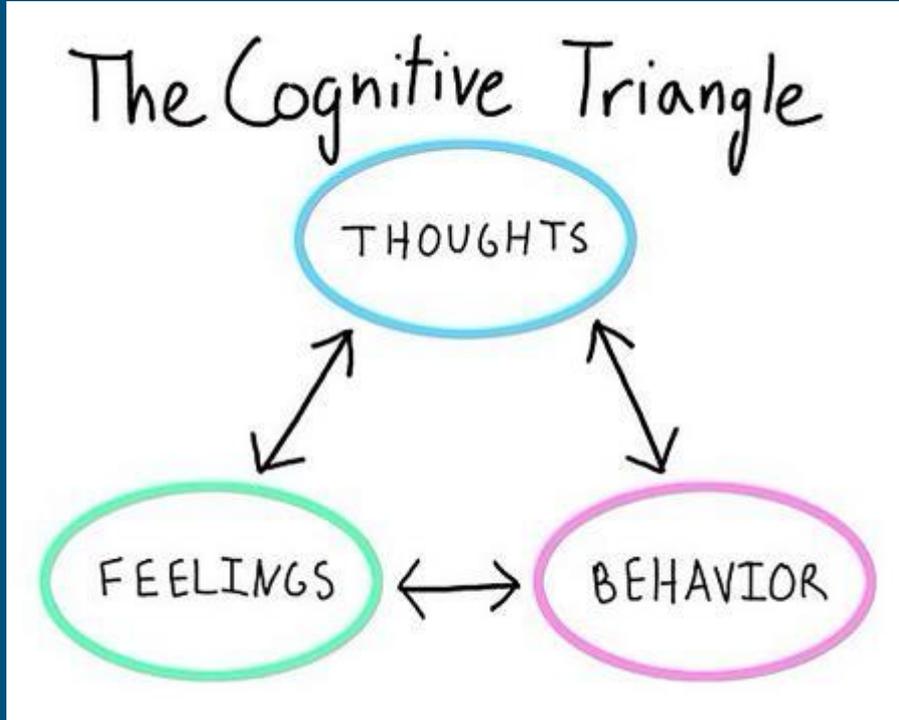
# Cognitive Coping

- Help children to sequence behaviors.
- Use Social Stories and visual aids.
- Thought stopping techniques.



# Cognitive Coping

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

# Trauma Narration

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# Trauma Narration

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“My kid says he/she doesn’t remember what happened”

- Impaired cognitive functioning does NOT mean impaired memory.
  - If there’s a memory concern- can you check child’s recent neurological testing or request a neuropsychological evaluation at the beginning of treatment?

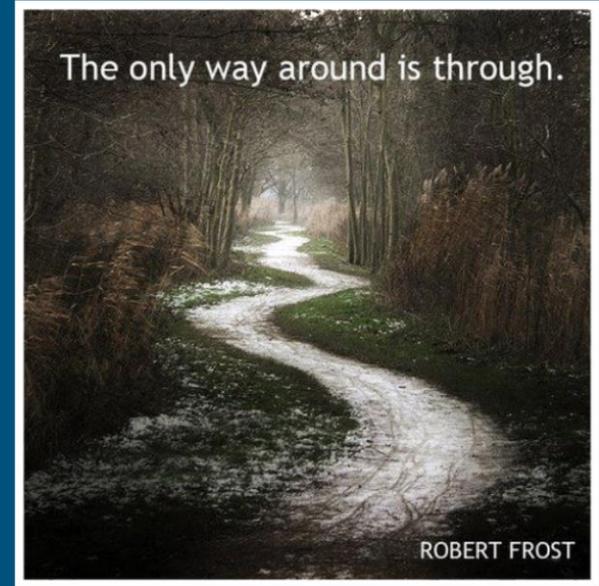
# Trauma Narration

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- Our principles and goals are still the same!
- Do we have a “level C student” who can:
  - Identify basic feelings.
  - Utilize at least one coping skills successfully with you.
  - Has general understanding of thoughts-feelings-actions.
  - Can communicate their memory to you in some way?
    - Writing, Talking, Typing, Drawing

# Trauma Narration

- Keep it visual, engaging, and active.
- Create a theme that is engaging for the child.
  - Video game, TV show, super hero, etc.
- Structure, Structure, Structure!
- Utilization of forced choice questions when appropriate.
  - “Were you awake or asleep?”, “did he use a hand, a fist, or **something else** to hit you?”
- Utilize reinforcement in terms of rewards from the beginning.



# Trauma Narration

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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?

# Cognitive Processing



# Cognitive Processing

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- Create visuals for cognitive triangle and unhelpful thought's impacts on child's feelings and behavior
- Create your own "social story" to help child understand sequencing of their thoughts' impacts on their feelings
- How do we help make meaning and direction for kids
  - Socratic questioning
  - "Playing dumb"
  - Lists of evidence for and against

# Impact on Providers

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- Positive impact from working with a special population
- Positive and negative emotional impacts
- Feelings of ineffectiveness/incompetence
- Frustration, feeling not making progress
- The “ah-ha” moment when things click



I learn more from the student with down syndrome I work with about life and happiness than anyone could ever teach me

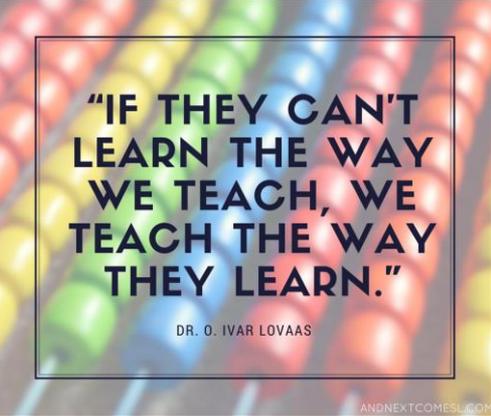
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- Repetition of concepts in multiple modalities.
- Increased focus on practice outside of the home.
  - Importance of parents, siblings friends, teachers, professionals, community members, etc.

# Resources

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A quote by Dr. O. Ivar Lovaas is displayed in a white-bordered box against a background of colorful, out-of-focus lights. The text is in a bold, black, sans-serif font.

**"IF THEY CAN'T  
LEARN THE WAY  
WE TEACH, WE  
TEACH THE WAY  
THEY LEARN."**

DR. O. IVAR LOVAAS

ANDNEXTCOMES.COM

- Sooner Success, <https://soonersuccess.ouhsc.edu/>
  - The purpose of Sooner SUCCESS is to promote a comprehensive, coordinated system of health, social and educational services for Oklahoma children and youth with special needs...in their Community. Sooner SUCCESS addresses barriers by promoting community capacity and infrastructure spread in communities and at regional and state levels.
- A Better Chance Clinic (ABC)- OUHSC
  - Developmental testing for youth 0-7 with prenatal substance exposure
  - <https://www.oumedicine.com/department-of-pediatrics/department-sections/devbehav/child-study-center/programs-and-clinical-services/a-better-chance>
- Jumpstart Clinic- Autism and Developmental Disability Testing
  - <https://www.oumedicine.com/department-of-pediatrics/department-sections/devbehav/child-study-center/programs-and-clinical-services/jump-start-developmental-clinic>
- JD McCarty- Norman, OK, <https://jdmc.org/>
- NCTSN Resources, <https://www.nctsn.org/>

# Thank You!

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