



Bridging I/DD and Mental Health Systems

Shared Learning Groups

January 2024

Funded by the Administration for Community Living

About Shared Learning Groups

- We will be hosting four meetings: one for Direct Support Professionals (DSPs), one for Clinical Professionals, one for people with lived experience, and one for Families of people with lived experience.
- The information in all four presentations is the same. We changed the discussion questions for each group.

About Shared Learning Groups

- This presentation is a collaboration among The Link Center partners. Link Center Partners include people with lived experience, researchers, and people who work on policy issues.
- We will record and transcribe today's meeting. Transcribing means writing down all the words people say in the meeting. The materials will be emailed to you after the meeting. We encourage you to share.



Perri Spencer
The Link Center
Steering Committee

Inherent Trauma

- Being unable to communicate wants and needs
- Lack of choices and autonomy (freedom to make choices about ourselves)
- Unmet support needs
- Being presumed incapable (people think we cannot do things)
- Ableism (discrimination against disabled people)

Abuse and Safeguarding

- People with I/DD are at higher risk of abuse
- May not know what abuse looks like
- May not have tools to report abuse
- Are often denied sex education
- Need correct information and support to stay safe
- It is **NEVER** the victim's fault

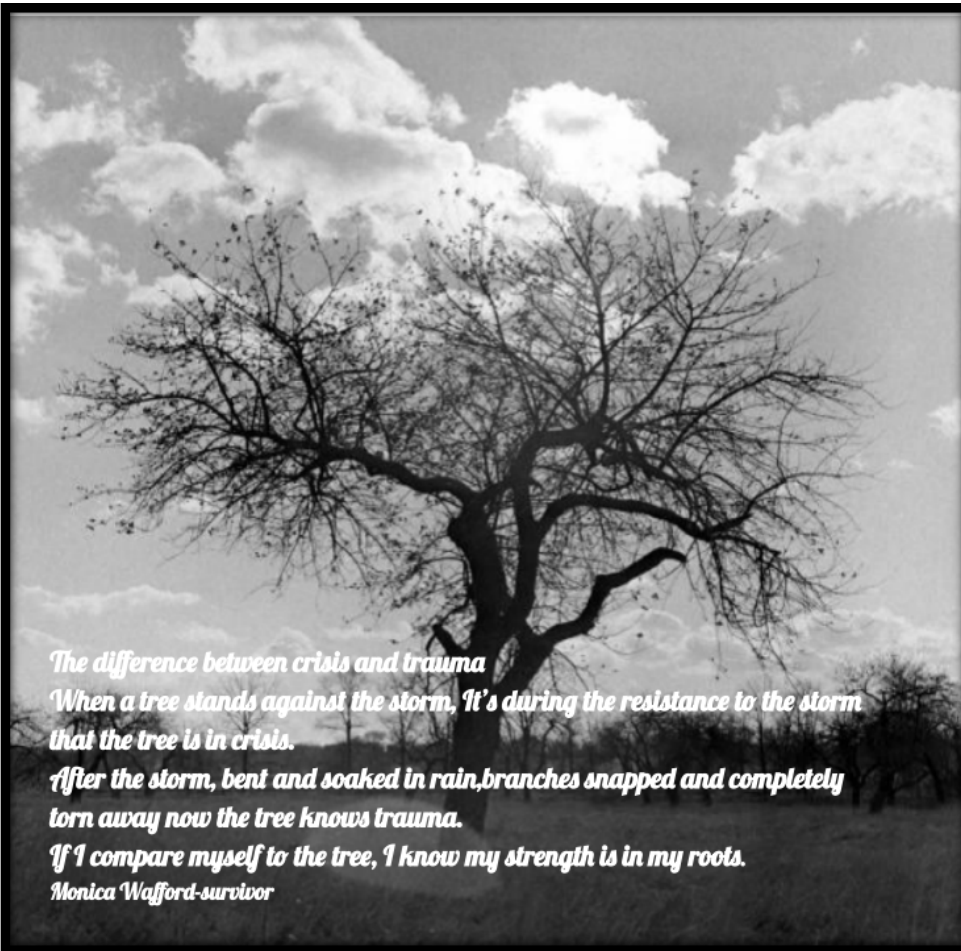
The difference between crisis and trauma.

When a tree stands against the storm, it's during the resistance to the storm that the tree is in crisis.

After the storm, bent and soaked in rain, branches snapped and completely torn away, now the tree knows trauma.

If I compare myself to the tree, I know my strength is in my roots.

-Monica Wafford, survivor





Sharing Lived Experience

This meeting will be talking about ways people deal with trauma and strategies people use to address trauma. Take care of yourself and allow silence to be a safe space and feel empowered to do what's necessary for your comfort and care.



Sharing Lived Experience

We celebrate our individuality, our diverse culture, and our singularity while we celebrate the discoveries realized in our collective humanity.

We know that we are each unique with our own experiences in the world.



Sharing Lived Experience

We empathize with experienced traumas that hinder our resilience.

Some people have experienced trauma that makes it hard to recover and move forward.



Sharing Lived Experience

We listen with open minds and compassion, without judgment or blame.



Today's Agenda

- Introductions: Put your name and any group, association, or membership you may have in the chat.
- What is The Link Center?
- Why are we talking about “**Supports for Trauma**”?
 - What resources, trainings, and information are available to get information about supports for trauma?
- Group Exercise: What are some challenges and solutions to supporting people who have experienced trauma — this will focus on audience participation and ideas.



What are your go-to resources, trainings, websites, and places to get information about supports for trauma?

(Think about this...we will ask you again at the
end of today's session)



What is The Link Center?

The Link Center Partner Organizations

Leading Partners

- NASDDDS
- NADD
- NASMHPD

Diversity, Equity, Inclusion

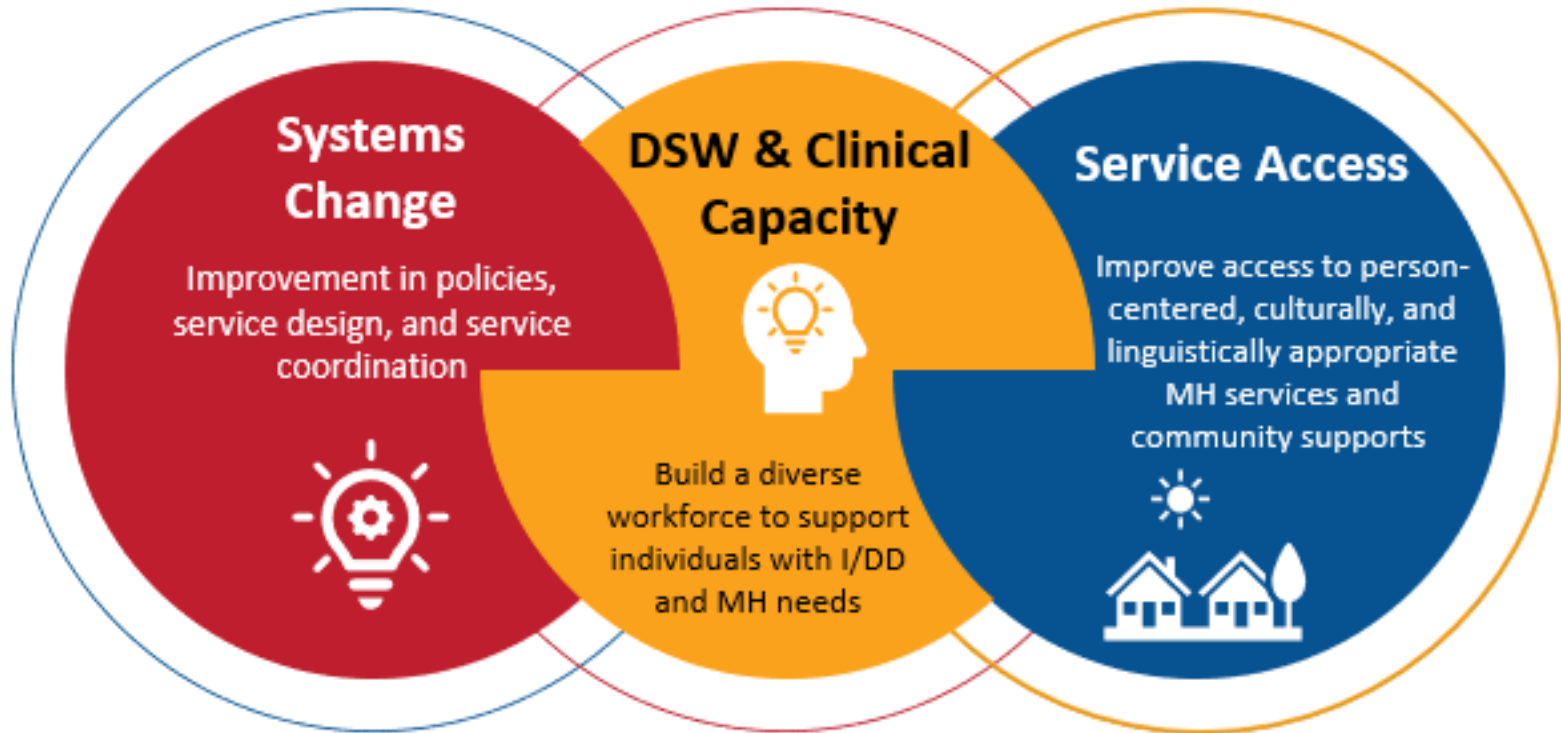
- Green Mountain Self Advocates
- Autistic Self Advocacy Network
- National Association of State Head Injury Administrators
- CommunicationFIRST

Continuous Quality

- National Center for START Services
- Sonoran Center of Excellence
- OSU Nisonger Center

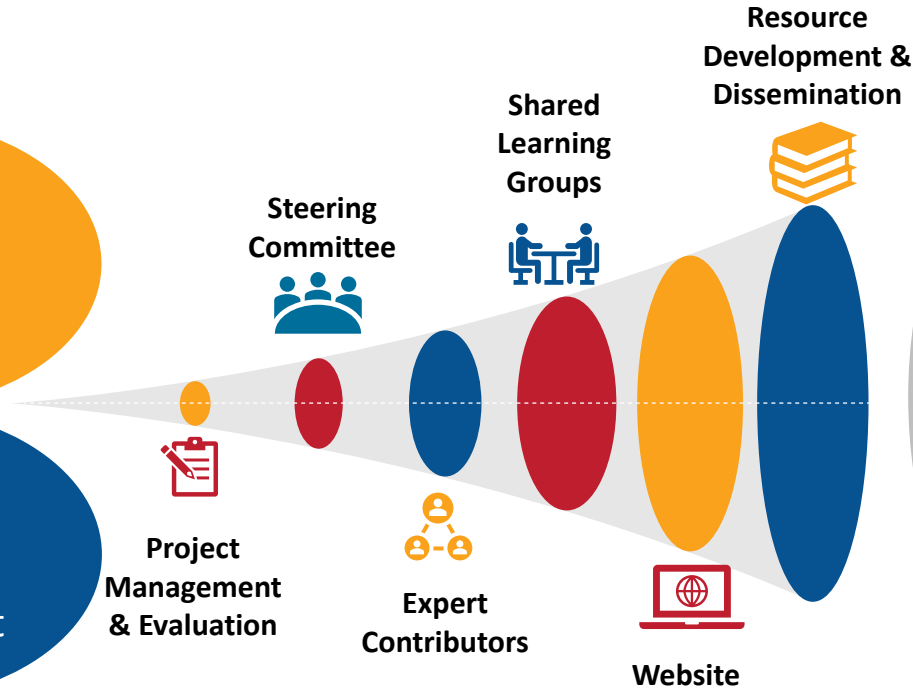


Key Goals of The Link Center



Diversity
Equity
Inclusion

Continuous
Quality
Improvement



The Link Center's **OUTCOMES** are effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs, designed to increase and **SUSTAIN** self-determination, empowerment, and quality of life for people with co-occurring I/DD and MH disabilities.

Today's Shared Learning Group



Goals & Outcomes of the Shared Learning Group:

- We will share what we are doing at The Link Center related to **Supports for Trauma**

You will identify the importance of supporting some considering their trauma.

You will know where to find resources about **Supports for Trauma**

Today's Shared Learning Group



Goals & Outcomes of the Shared Learning Group:

We will get your input related to **Supports for Trauma**

The group will help identify needed resources and information that The Link Center can gather or work with partners to develop.

You will help us come up with ways to solve targeted challenges presented in the group exercise.



Brian Sims, MD

NASMHPD

National Association of State Mental Health
Program Directors



Why are we talking about Supports for Trauma?

What is the issue/need - generally?

Trauma can happen to people of all ages, genders, races, ethnicities, and sexual orientations.

What is the issue/need - generally?

- Women are two times more likely to develop Post Traumatic Stress Disorder (PTSD) than men.
- Women report higher rates of sexual assault or child sexual abuse. Men are more likely to experience accidents, physical assault, combat, disasters, or be a witness to death/injury.

What is the issue/need - generally?

- Black people are most likely to experience PTSD in their lifetimes.
- Minority youth are more likely to experience trauma, including historical trauma, immigration stressors, natural and man-made disasters, discrimination, and violence. Minority youth are less likely to access medical and mental health care.

What is the issue/need - generally?

- Black and Latino young men experience violence, poverty, incarceration, lack of access to health care, marginalization, and low social status much more than other people.
- The historic and intergenerational trauma (trauma passed down from older people to younger people) American Indians and Alaska Natives experience increases their risk of experiencing trauma in the present day.
- LGBTQI+ individuals are nearly four times more likely to experience violent assault than their cisgender, heterosexual counterparts. Cisgender people are people who identify with the gender they were assigned at birth. Heterosexual people are people who are attracted to a gender different than their own.

What is the issue/need – people with disabilities?

People with ID are three to four times more likely than people without ID to experience adverse events such as abuse, neglect, and medical trauma.

85-90% of adults who get mental health support have a history of trauma.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

[Practical Guide for Implementing a Trauma-Informed Approach \(samhsa.gov\)](https://www.samhsa.gov/trauma-informed)

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

1. Safety: *feeling physically and emotionally safe*

When I meet someone in my work, how can I respect their need for safety?

Examples:

- Setting up environments that are appealing and not harsh
- Helping by providing information and time to speak

Lived Experience Video: <https://vimeo.com/107476472>

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

2. Trustworthiness and Transparency: *being open and honest with the goal of building trust*

Recognizing that it may be hard for people to speak to clinicians about what is really going on for them, they may be afraid of being judged or rushed, or brushed aside.

Examples:

- Trust comes with clear expectations and boundaries. Setting times for meetings and being reliable can help
- Providing information to people as it is known

Lived Experience Video: <https://vimeo.com/107478500>

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

3. Peer Support: *building mutual, healing relationships with equals*

Clinicians may not have experience working with peers, and it would be important to educate oneself about this type of collaboration.

Examples:

- Attend a seminar/webinar on peer supports
- Speak to other clinicians and peers who are doing this work to learn more
- Have peer supports available directly or through contact lists

Lived Experience Video: <https://vimeo.com/107478502>

Resource: [Learn How to Become a Peer Supporter of a Person who was Abused - SARTAC \(selfadvocacyinfo.org\)](https://selfadvocacyinfo.org)

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

4. Collaboration and Mutuality: *sharing power and decision-making*

Clinicians may not have been trained in how to help make decisions through a shared process, but giving that level of self-directed healing can get everyone closer to the person's goals.

Examples:

- Discuss medications, risks and benefits and how different people weigh them to come to decisions.
- Provide information about decisions and remind the person of their role and ownership of personal decisions.

Lived Experience Video: <https://vimeo.com/107476474>

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

5. Empowerment, Voice, and Choice: *recognizing people's strengths and experiences supporting self-advocacy, choice, and self-empowerment*

Clinicians often are unaware of the power differential they hold in society. Awareness of empowerment and giving voice and choice to people as an important aspect of care is a first step.

Examples:

- Place information about empowerment principles in the office setting through signs/brochures/pictures
- Ask people about their own views of their abilities and what gives them pride

Lived Experience Video: <https://vimeo.com/107476470>

What does this mean for Clinical Professionals?

Six Key Principles of Trauma-Informed Approach

6. Cultural, Historical, and Gender Issues: *moving past cultural stereotypes and biases, offering gender-responsive services, using the healing power of cultural connections, and recognizing and addressing historical trauma, and gender identity*

Everyone has inherent biases, and clinicians are increasingly required to learn about these issues, but it is important to seek training and further knowledge about what this can mean for someone.

Examples:

- Have the person explain their history and culture
- Work with family and other supporters to understand cultural values
- Check your own value system to avoid judgment

Resources:

[Culturally-Sensitive Trauma-Informed Care | Patient Centered Care and Trauma Informed Care for Pediatric Patients - HEALTHCARE TOOLBOX](#)

Tracing the Trauma Thread from our Ancestors to Present Healing:

<https://youtu.be/m1ZeM650i64?si=img2M4Wnc2I9yg4u>



Max Barrows
Green Mountain
Self-Advocates



Resource: Managing Triggers



Bridging I/DD and Mental Health Systems

Group Exercise



I am a mental health practitioner. Alice was in my office recently. Alice is a 25-year-old woman with a diagnosis of Autism Spectrum Disorder. She was referred by her PCP because she had been experiencing high blood pressure, panic attacks, insomnia, nightmares, and depressive symptoms including social isolation and loneliness. Alice said her job in the service industry is stressful and doesn't pay enough to afford rent and necessities. She also said looking for another job elsewhere would take her away from her parents and siblings, with whom she lives.

Her grandparents immigrated to the United States 60 years ago leaving a country that was not safe seeking better opportunities for their families. Her family has consistently struggled with a new country and language, poverty, and food insecurity. When I asked her about her childhood, Alice said her parents loved her and pushed her hard to succeed, but she also said they often were angry and sullen. Her PCP noted she may be showing signs of PTSD.

Do you agree? If so, how should treatment proceed?



**What are your go-to resources,
trainings, websites, and places
to get information about
supports for trauma?**

(Put in the chat)

An orange starburst graphic with a black outline, containing the text 'Website Coming Soon!'.

Website
Coming
Soon!

Until the website is available, you can reach us by
email at:

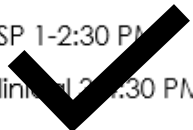
thelinkcenter@nasdds.org

Upcoming Shared Learning Groups: Year One

(all group meetings listed are Eastern Time)

OCT 24, 2023

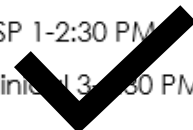
- DSP 1-2:30 PM
- Clinical 2-3:30 PM



SUPPORTING SOMEONE
IN CRISIS

JAN 23, 2024

- DSP 1-2:30 PM
- Clinical 3-4:30 PM



SUPPORTS FOR TRAUMA

APR 23, 2024

- DSP 1-2:30 PM
- Clinical 3-4:30 PM



SUPPORTING
SOMEONE THROUGH
A TRANSITION

AUG 20, 2024

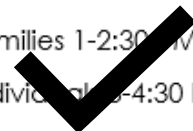
- DSP 1-2:30 PM
- Clinical 3-4:30 PM



SUPPORTING THE
WHOLE PERSON


OCT 25, 2023

- Families 1-2:30 PM
- Individuals 3-4:30 PM



JAN 24, 2024

- Families 1-2:30 PM
- Individuals 3-4:30 PM



APR 24, 2024

- Families 1-2:30 PM
- Individuals 3-4:30 PM

AUG 21, 2024

- Families 1-2:30 PM
- Individuals 3-4:30 PM

COMBINED SHARED LEARNING GROUP MEETING: TBD

Resources

- Houck EJ, Dracobly JD. Trauma-Informed Care for Individuals with Intellectual and Developmental Disabilities: From Disparity to Policies for Effective Action. *Perspect Behav Sci.* 2022 Sep 28;46(1):67-87. doi: 10.1007/s40614-022-00359-6. PMID: 37006597; PMCID: PMC10050265.
- Prevention Institute. (2014). Making connections for mental health and wellbeing among men and boys in the U.S. <https://www.preventioninstitute.org/sites/default/files/publications/Making%20Connections%20for%20Mental%20Health%20Wellbeing%20among%20Men%20and%20Boys.pdf>
- Pumariega, A. J., Jo, Y., Beck, B., & Rahmani, M. (2022). Trauma and US minority children and youth. *Current Psychiatry Reports*, 24(4), 285-295. <https://doi.org/10.1007/s11920-022-01336-1> 32.
- Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, 41(1), 71-83. <https://doi.org/10.1017/s0033291710000401> 31.
- U.S. Department of Veterans Affairs. (n.d.). How common is PTSD in adults? https://www.ptsd.va.gov/understand/common/common_adults.asp 40 Practical Guide for Implementing a Trauma-Informed Approach References 30.
- Valentine, S. E., Livingston, N. A., Salomaa, A. C., & Shipherd, J. C. (n.d.). Trauma, discrimination and PTSD among LGBTQ+ people. U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/specific/trauma_discrimination_lgbtq.asp

Acknowledgements

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Please scan the QR code below or click the link in the chat to fill out our survey. Your feedback helps us improve future sessions.

