

# **FACILITATOR GUIDE**

## *SECTION 2: TRAUMA-INFORMED CARE FOR INDIVIDUALS WITH I/DD*

Developed by



# Section 2

## *Trauma-Informed Care for Individuals with I/DD*

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### **Objectives:**

After this training, participants will understand the general risks of trauma for individuals with I/DD, and how to provide care to these individuals through a trauma informed lens.

- Participants will identify the 5 Principles of Universal Precautions and Trauma-Informed Care.
- Participants will describe communication strategies for individuals with I/DD.

### **Section Files:**

PowerPoint  
Script  
Rise Module  
Participant Resources  
Activity Resources

### **Other Sections in Series:**

01 Introduction to Intellectual and Developmental Disabilities  
02 Trauma-Informed Care for Individuals with I/DD  
03 Assessing and Treating Mental Health Issues in Individuals with I/DD  
04 Navigating Appointments with Individuals with I/DD  
05 Crisis Prevention and Intervention

## Outline:

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### Trauma-Informed Care for Individuals with I/DD

- a) **What is Trauma-Informed Care?**
  - i) Trauma-Informed Care
  - ii) Universal Precautions
- b) **Impacts of Trauma**
- c) **Risks of Trauma for Individuals with I/DD**
  - i) General Trauma Risks
  - ii) Loneliness and Isolation
  - iii) Abuse
- d) **Signs and Symptoms of Trauma in I/DD**
  - i) Cognitive, Physiological, Behavioral
  - ii) Triggers
- e) **Bridging the Gap with Trauma-Informed Care**
  - i) Creating Safe Spaces - general
  - ii) Communication - general
- f) **Support Cycle**
  - i) Co-Escalating or Co-Regulating

## Section 2 Facilitation Schedule – 60 mins total

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**Presentation: Trauma and I/DD – 60 mins approx.**

- **Activation - 5 mins**

An activation activity on trauma to get them thinking about risks of trauma for individuals with I/DD - Universal Precautions, instructions on PowerPoint Slide & in Facilitator's Guide.

**During break:**

- **Sticky Notes Activity Part 2 – 5 mins**

Participants should revisit their sticky notes and remove any notes that they feel have been covered. They should leave up any notes that they feel haven't been covered.
- **Reflection**

Participants reflect on what stood out to them the most during the training.

# Materials & Prep

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## Materials Needed:

- ☐ Participant Guides (if they have indicated they should be printed)
- ☐ Extra paper
- ☐ Activity Sheets

## General Prep:

- ☐ Print Activity 1 Sheets – there are 5 different sheets and should be groups of 4-5, depending on the number of participants, duplicates of the sheets might be needed.

## Quick Guide: Introduction to I/DD

### Big Idea:

*As Mental Health and Behavioral Health clinicians, you know the importance of Trauma-Informed Care when working with people. Individuals with I/DD have a significantly higher risk for experiencing trauma, and yet will most likely have the hardest time communicating about it or maybe even recognizing it in their life. This module should emphasize the importance of treating individuals with I/DD using Universal Precautions of Trauma-Informed Care and looking for the signs and triggers an individual might have around previous trauma.*

*The second half focuses on simple steps that can be taken to implement Trauma-Informed Care practices when working with Individuals with I/DD.*

**Timing:** approx. 60 minutes to cover slide material including activities.

To keep yourself on track, it can be helpful to mark down the time you want to be at during different sections.

Trauma Informed Care for Individuals with I/DD		Timings: 60 mins total	
a) <b>What is Trauma-Informed Care?</b>	<b>14 slides</b>	25 mins	
i) Trauma-Informed Care			
ii) Universal Precautions			
b) <b>Impacts of Trauma</b>	<b>3 slides</b>	7 mins	
c) <b>Risks of Trauma for Individuals with I/DD</b>	<b>5 slides</b>	5 mins	<u>          AM/PM</u>
i) General Trauma Risks			
ii) Loneliness and Isolation			
iii) Abuse			
d) <b>Signs and Symptoms of Trauma in I/DD</b>	<b>2 slides</b>		
i) Cognitive, Physiological, Behavioral			
ii) Triggers			
e) <b>Bridging the Gap with Trauma-Informed Care</b>	<b>12 slides</b>	15 mins	
i) Creating Safe Spaces - general			
ii) Communication - general			
f) <b>Support Cycle</b>	<b>6 slides</b>	10 mins	<u>          AM/PM</u>
i) Co-Escalating or Co-Regulating			
ii) Key Takeways			

## 01 OPENING SLIDE

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### Facilitator's Notes

#### Slide Text:

**Welcome** to our five-part training on working with individuals with an Intellectual and Developmental Disabilities diagnosis.

#### Introduce self:

This training was developed by Woods System of Care under a grant funded by NJCDD to provide insight, guidance, and recommendations for providing safe, thoughtful care to individuals with IDD.

**Timing: 1 min**



#### Do:

- This slide should be up as participants are entering and getting settled.
- Consider having some music playing in the background.
- Welcome Participants.

#### Material Notes

*Throughout the facilitator's guide, in this section we will include additional information and references so that you can continue to learn and be able to provide participants with additional information as needed.*

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### Trainer Notes:

## 02 SECTION SLIDE

### Facilitator's Notes

#### Slide Text:

This training will be broken into 5, one-hour sections.

**Section 1:** Understanding Intellectual and Developmental Disabilities (I/DD)

**Section 2:** Trauma-Informed Care for Individuals with I/DD

**Section 3:** Assessing and Treating Mental Health Issues in Individuals with I/DD

**Section 4:** Navigating the Appointment

**Section 5:** Crisis Prevention and Intervention as Part of the Support Team

By the end of this training, we hope that you will feel more confident working with individuals with I/DD and have concrete ideas for making the appointment go smoothly, creating and communicating a treatment plan, and utilizing resources for broadening your understanding of this community.

**Timing: 5 min**



**Do:**

This slide should just be briefly touched on

**Material Notes:**

#### Trainer Notes:

## 03 TITLE SLIDE

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### Facilitator's Notes

#### Introductions

#### Slide Text:

Please introduce yourself and share what your role is.

Timing: .5 min



**Do:** This slide can be skipped if multiple trainings are given the same day.

**Material Notes:**

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**Trainer Notes:**

## 04 AGENDA

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### Facilitator's Notes

#### Speaker Script:

In this training, we are going to discuss the increased risk for trauma that the I/DD population faces and its implications for providing care. We will review Universal Precautions for providing Trauma-Informed Care and will share practical tips for implementing these into your practice.

Timing: .5 min



**Do:**

**Material Notes:**

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**Trainer Notes:**

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## 05 OBJECTIVES

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### Facilitator's Notes

#### Slide Text:

- Participants will identify the 5 Principles of Universal Precautions and Trauma-Informed Care
- Participants will describe communication strategies for individuals with I/DD

Timing: .5 min



**Do:** *This slide can be skipped.*

**Material Notes:**

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### Trainer Notes:

## 06 TRAUMA & I/DD

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### Facilitator's Notes

#### Speaker Script:

Individuals with I/DD are particularly vulnerable to trauma and abuse and require trauma-informed care that addresses their unique needs and communication challenges.

In this section we are going to discuss the:

- Increased risk for trauma
- Signs and symptoms of trauma in I/DD and how that might present differently than in individuals without an I/DD diagnosis
- Strategies for providing trauma-informed care.

(Trauma Informed Oregon, n.d.)

Timing: .5 min



**Do:**

**Material Notes:**

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### Trainer Notes:

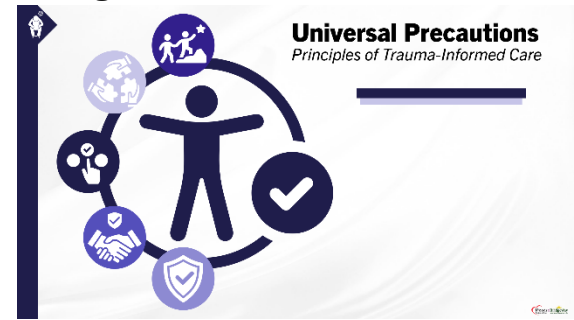
## 07 UNIVERSAL PRECAUTIONS

### Facilitator's Notes

#### Speaker Script:

Trauma-Informed Care (TIC), as you may be familiar with, is a framework for organizations to provide safe, person-centered care to all individuals, and reduces the risk of re-traumatizing individuals as they seek treatment and help. The principles and values of Trauma-Informed Care, according to the Institute on Trauma and Trauma-Informed Care, are Safety, Trustworthiness, Choice, Collaboration, and Empowerment. Universal Precaution is the idea of applying these principles and values in all our interactions to reduce the likelihood of re-traumatization. These values are equally important in working with individuals with an I/DD diagnosis as with an individual without such a diagnosis. (University at Buffalo, n.d.)

**Timing: 1 min**



**Do:**

**Material Notes:**

#### Trainer Notes:

## 08 SAFETY

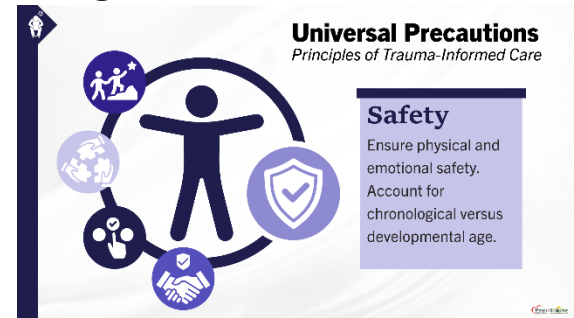
### Facilitator's Notes

#### Speaker Script:

The first Universal Precaution is **Safety** – Ensure physical and emotional safety.

For Individuals with I/DD, it is important to account for chronological versus developmental age, and to consider that they are at increased risk for both physical and emotional abuse due to their increased need for support and care.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

## 09 TRUSTWORTHINESS

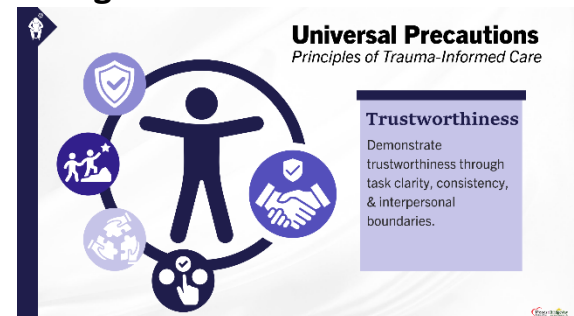
### Facilitator's Notes

#### Speaker Script:

**Next is Trustworthiness** – Demonstrate trustworthiness through task clarity, consistency, & interpersonal boundaries.

In considering trustworthiness when working with Individuals with I/DD, remember this might need to be made even more explicit and simplified for an individual to understand. They might have a different idea of boundaries due to their reliance upon others for support.

Timing: .5 min



Do:

Material Notes:

Trainer Notes:

## 10 CHOICE

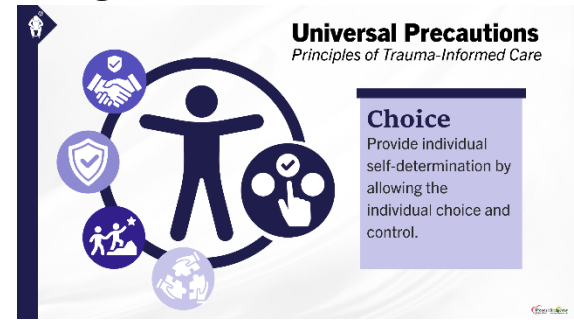
### Facilitator's Notes

#### Speaker Script:

**Choice** – Provide individual self-determination by allowing the individual choice and control.

For individuals with I/DD, they have most likely experienced choice being taken away from them more than they have been given choices. Work with them so they can understand their rights and help them to understand that they do have a choice regarding different aspects of their lives.

**Timing:** .5 min



**Do:**

#### Material Notes:

Taken from: [What is Trauma-Informed Care?](#)

#### Trainer Notes:

## 11 COLLABORATION

### Facilitator's Notes

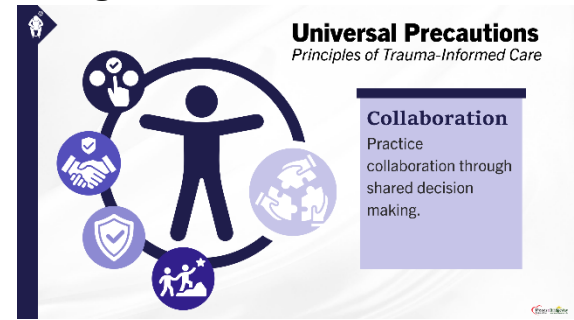
#### Speaker Script:

**Collaboration** – Practice collaboration through shared decision making.

This is another area where an Individual with I/DD is often not included. They may even have a legal guardian that makes decisions for them. As much as possible, even if they are not their own legal guardian, seek to collaborate and include them in all decision-making steps. Simplify the process as you are able so that they can take part.

#### Trainer Notes:

**Timing:** .5 min



**Do:**

**Material Notes:**

## 12 EMPOWERMENT

### Facilitator's Notes

#### Speaker Script:

**Empowerment** – Be an agent of empowerment by prioritizing skill-building and emphasizing individual strengths.

You have an important role to play in empowering an Individual with I/DD. Helping them to achieve their goals and overcome their challenges will be a significant source of empowerment in their lives.

As we go through the remainder of this course and the following courses, we will discuss how all of our interactions should uphold these values.

#### Trainer Notes:

**Timing:** .5 min



**Do:**

**Material Notes:**

## 13 UNIVERSAL PRECAUTIONS

### Facilitator's Notes

#### Speaker Script:

**Potential Questions:** How are these principles and values currently implemented in your practice?  
(University at Buffalo, n.d.)

**Timing:** .5 min



**Do:**

**Material Notes:**

Taken from: [What is Trauma-Informed Care?](#)

#### Trainer Notes:

## 14 ACTIVITY TWO

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### Facilitator's Notes

#### Speaker Script:

Activity 1:

Adding a New Lens

#### DIRECTIONS

1. Break the participants into 5 groups.
2. Each group will take one value/principle of Trauma-Informed Care.
3. Spend 3 minutes brainstorming how they might enact this given what they have learned about individuals with I/DD. If they are unsure, they can also brainstorm barriers or questions they have about this.
4. Come back together.
5. Each group shares out the key points discussed.

**Safety** - Ensuring physical and emotional safety.

**Trustworthiness** - Task clarity, consistency, and interpersonal boundaries.

**Choice** - Individual has choice and control.

**Collaboration** - Making decisions with the individual and sharing power.

**Empowerment** - Prioritizing empowerment and skill building.

**Timing: 1 min**



**Do:**

**Material Notes:**

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#### Trainer Notes:

## 15 TRAUMA VIDEO

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### Facilitator's Notes

#### Speaker Script:

This video discusses some of the effects of trauma on brain development. As you watch, consider these implications compounded with other developmental delays or disorders. Trauma coupled with an I/DD diagnosis can compound these limitations significantly. (Phipps, 2013)

#### Timings:

1. 0:00 Cortisol Levels Impacting the Brain
2. 2:25 Attachment Issues
3. 3:47 Trauma Triggers

**Potential Questions:** *Considering how trauma impacts brain development, what are some of the potential impacts of trauma and an I/DD diagnosis?*

#### Timing: 5 min



**Do:** *Highlight the fact that trauma alone can impact communication struggles and lower IQ level.*

#### Material Notes:

This video is a good overview and refresher on trauma. Play portion that is most relevant if there is minimal time.

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### Trainer Notes:

## 16 IMPACTS OF TRAUMA

### Facilitator's Notes

#### Speaker Script:

Trauma impacts the entire person:

- The way we think
- The way we learn
- The way we remember things
- The way we feel about ourselves
- The way we feel about others
- The way we make sense of the world

This is true no matter the person or the type of trauma they experienced. Individuals with I/DD have high incidences of experiencing trauma and, as you work with and treat individuals with I/DD, it is important to approach interactions through trauma-informed care.

(Galindo, Trauma 101: The Basics of Trauma and Its Impact, 2020)

Timing: .5 min



**Do:**

Discuss trauma and provide examples

**Material Notes:**

### Trainer Notes:

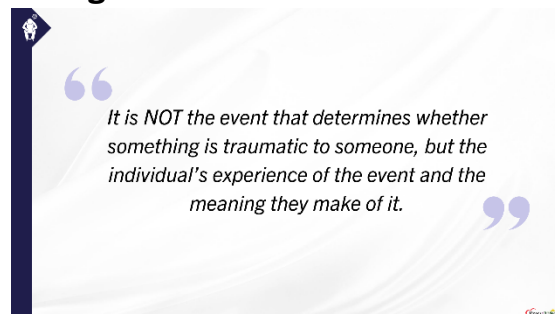
## 17 QUOTE

### Facilitator's Notes

#### Speaker Script:

"It is NOT the event that determines whether something is traumatic to someone, but the individual's experience of the event"

Timing: .5 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 18 GENERAL SOURCES OF TRAUMA

### Facilitator's Notes

#### Speaker Script:

There are many types of trauma, and it is important to remember that the same event might produce varying levels of trauma to an individual or none at all. Because of the amount of support an Individual with I/DD needs on a day-to-day basis, they have a variety of areas that they are at increased risk for facing trauma.

They also typically have a smaller social circle and/or are isolated from the community, which puts them at increased risk for abuse because they have fewer people able to speak up for them.

Communication challenges can make it difficult for them to express their needs and feelings and share what has been traumatic for them.

Four areas that can be a source of trauma are:

#### Personal:

- Inability to communicate
- Bullying
- Confusion

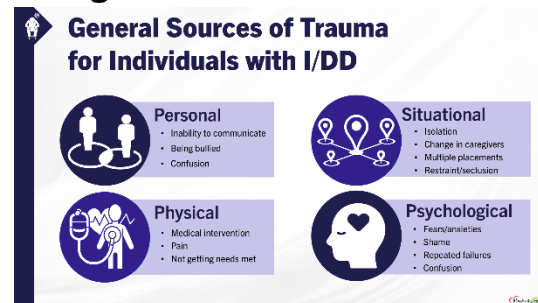
#### Situational:

- Isolation
- Change in caregivers
- Multiple placements (in different group and residential homes)
- Restraint/seclusion

#### Physical:

- Medical intervention
- Pain
- Not getting needs met

**Timing: 1 min**



**Do:**

**Material Notes:**

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**Psychological:**

- Fears/anxieties
  - Shame
  - Confusion
  - Repeated failures
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**Trainer Notes:**

## 19 LONELINESS

### Facilitator's Notes

#### Speaker Script:

Loneliness, isolation, and neglect are critical, but often overlooked sources of trauma in individuals with I/DD. This is a pervasive occurrence for this population, and it can significantly impact their mental health.

Let's start with some definitions.

**Loneliness** is a subjective feeling of being alone, even if you're surrounded by people. It's about feeling disconnected, like others don't understand you.

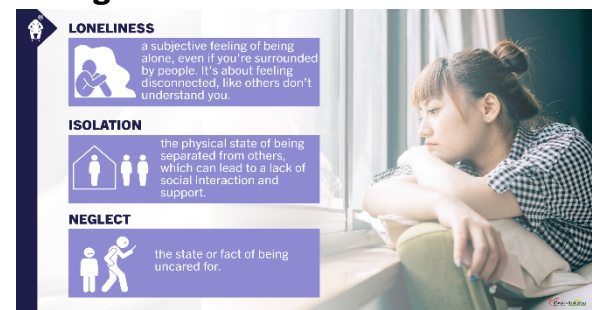
On the other hand, **isolation** is the physical state of being separated from others, which can lead to a lack of social interaction and support. While these terms are related, they aren't the same—loneliness is how you feel, while isolation is the situation you are in.

**Neglect** is the state or fact of being uncared for.

For individuals with I/DD, their ability to communicate with others and their ability to navigate and interact in social settings is often significantly impacted by their diagnosis. Some may not have the social skills to initiate and maintain friendships; they may not have the mobility to participate in community events, or they may not feel welcomed at community events. Others with profound disabilities may not be able to communicate easily with others at all. All of this leaves the individual with a very small network of people that can speak up on their behalf, or it leaves them at the risk of being abused by caretakers or others that take advantage of their dependence.

#### Trainer Notes:

**Timing: 1.5 min**



**Do:**

**Material Notes:**

## 20 LONELINESS 2

### Facilitator's Notes

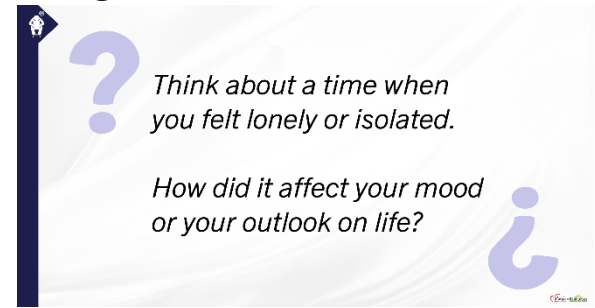
#### Speaker Script:

#### Potential Questions:

*Think about a time when you felt lonely or isolated. How did it affect your mood or your outlook on life?*

This is what individuals with I/DD often experience, and by the end of this section, you should be able to identify these feelings as key factors in their mental health and consider how you can address them in your therapeutic approach.

**Timing:** .5 min



#### Do:

Discuss trauma and provide examples

#### Material Notes:

### Trainer Notes:

## 21 LONELINESS 3

### Facilitator's Notes

#### Speaker Script:

Chronic loneliness, isolation, and neglect are also significant risk factors for mental health issues. For individuals with I/DD, this isolation can lead to or exacerbate conditions such as depression, anxiety, and various behavioral issues. When someone feels isolated, it can be much harder for them to manage these conditions, and their overall well-being can deteriorate. Recognizing this connection is vital for providing holistic (as in whole-ism) care that addresses both the social and emotional needs of individuals with I/DD.

**Timing:** .5 min



#### Do:

Discuss trauma and provide examples

#### Material Notes:

### Trainer Notes:

## 22 RISK OF ABUSE

### Facilitator's Notes

#### Speaker Script:

According to research, individuals with I/DD are 2 to 3 times more likely to experience abuse compared to the general population. They are:

3 times more likely to experience rape, sexual assault, aggravated assault, and robbery.

3 times more likely to be sexually abused in childhood.

6 times more likely to experience abuse or neglect in childhood.

Resources for protection from abuse aren't often accessible to individuals with I/DD. And often, individuals with communication difficulties can't report their abuse, or if they do, they are not considered reliable reporters during an investigation.

These traumatic experiences increase their risks for mental health issues and more. According to the American Psych Association DSM-5, 30-50% of individuals with I/DD have a co-mental health diagnosis, which is significantly higher than the prevalence of mental health conditions in the general population. (Galindo, Addressing Trauma in Individuals with IDD, 2020)

#### Potential Questions:

*Think about the challenges you face daily—now imagine how overwhelming they would be if you had additional diagnoses.*

This is the reality for many individuals with I/DD, and it greatly impacts their mental and emotional well-being.

*(Galindo, Addressing Trauma in Individuals with IDD, 2020)*

#### Trainer Notes:

Timing: 1.5 min



Do:

#### Material Notes:

## 23 SIGNS AND SYMPTOMS

### Facilitator's Notes

#### Speaker Script:

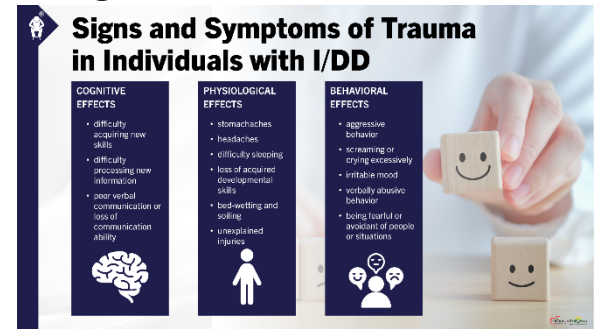
Recognizing trauma in individuals with I/DD can be difficult, especially if the individual has limited cognitive ability or limited ability to communicate. It often takes careful interviewing of the individual and support team to recognize the symptoms of trauma. Typically, these symptoms manifest themselves in three ways: cognitive effects, physiological effects, and behavioral effects.

- **Cognitive effects** — Difficulty acquiring new skills, difficulty processing new information, poor verbal communication, or loss of communication ability altogether
- **Physiological effects** — Stomachaches, headaches, difficulty sleeping, loss of acquired developmental skills, bed-wetting and soiling, unexplained injuries
- **Behavioral effects** — Aggressive behavior, screaming or crying excessively, irritable mood, verbally abusive behavior, being fearful or avoidant of people or situations  
(Galindo, Trauma 101: The Basics of Trauma and Its Impact, 2020)

Some symptoms of trauma are seen as challenging behaviors or impulse control issues, but they are actually a response to a triggering event that reminds them of a traumatic experience. Training in crisis management and de-escalation are critical to ensure that an individual isn't re-traumatized or additionally traumatized by the intervention.

#### Trainer Notes:

Timing: 1.5 min



Do:

Material Notes:

## 24 TRIGGERS

### Facilitator's Notes

#### Speaker Script:

Additionally, we must be mindful of triggers, which can provoke trauma responses. Sometimes, these responses seem to happen “for no reason,” but for someone with I/DD, the triggers might be deeply rooted in their past experiences.

#### Common Triggers:

**Environmental:** bright lights, loud noises

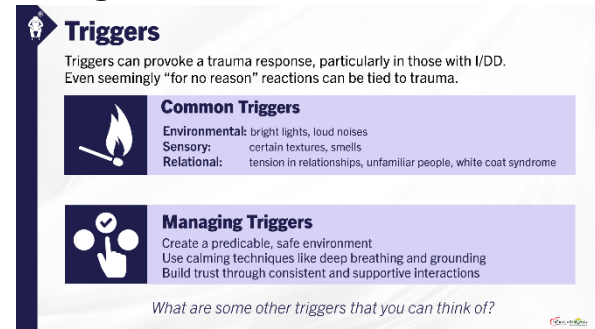
**Sensory:** certain textures, smells

**Relational:** tension in relationships, unfamiliar people, white coat syndrome

#### Managing Triggers:

- Create a predictable, safe environment
- Use calming techniques like deep breathing and grounding
- Build trust through consistent and supportive interactions

**Timing: 1 min**



The infographic is titled "Triggers" and features a house icon. It explains that triggers can provoke a trauma response, particularly in those with I/DD, and that even seemingly "for no reason" reactions can be tied to trauma. It is divided into two main sections: "Common Triggers" and "Managing Triggers". The "Common Triggers" section includes a flame icon and lists Environmental (bright lights, loud noises), Sensory (certain textures, smells), and Relational (tension in relationships, unfamiliar people, white coat syndrome) triggers. The "Managing Triggers" section includes a hand icon with a checkmark and lists strategies: Create a predictable, safe environment; Use calming techniques like deep breathing and grounding; and Build trust through consistent and supportive interactions. At the bottom, it asks "What are some other triggers that you can think of?" and includes a small logo in the bottom right corner.

**Triggers**

Triggers can provoke a trauma response, particularly in those with I/DD. Even seemingly “for no reason” reactions can be tied to trauma.

**Common Triggers**

**Environmental:** bright lights, loud noises  
**Sensory:** certain textures, smells  
**Relational:** tension in relationships, unfamiliar people, white coat syndrome

**Managing Triggers**

Create a predictable, safe environment  
Use calming techniques like deep breathing and grounding  
Build trust through consistent and supportive interactions

What are some other triggers that you can think of?

**Do:**

**Material Notes:**

### Trainer Notes:

## 25 TRAUMA-INFORMED CARE

### Facilitator's Notes

#### Speaker Script:

The most important thing that we can do, both as clinicians and non-clinicians, is to practice trauma-informed care to reduce triggers and reduce the risk of re-traumatization of individuals. This can be done by creating safe spaces, communicating effectively, and supporting the individual through crises. These principles are universal. They are the same for any individual regardless of an I/DD diagnosis. When we begin practicing and implementing Universal Precautions, we have to make fewer accommodations or adjustments for individuals with more complex needs. We will discuss these elements specifically with I/DD diagnoses in mind, but most of these can apply to anyone walking into the practice.

(Galindo, 6 Tips to Help Your Nonclinical Staff Practice Trauma-Informed Care, 2020)

**Timing: .5 min**



**Do:**

**Material Notes:**

### Trainer Notes:

## 26 TRAUMA-INFORMED CARE

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### Facilitator's Notes

#### Speaker Script:

Let's start by thinking about the ways you already create safe spaces for the people you work with. Consider your current approach: is it enough for individuals with I/DD? This reflection is important as we move forward in learning how to better support your clients with I/DD.

**Timing:** .5 min



**Do:**

**Material Notes:**

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**Trainer Notes:**

## 27-30 CREATING SAFE SPACES

### Facilitator's Notes

#### Speaker Script:

When you think of a safe space, what comes to mind? It's important to recognize that what feels safe for one person may not feel safe for another, especially for those with I/DD. As we continue, consider how these spaces might need to be tailored to meet the unique needs of each individual.

**Consider these pictures:**

*Are they safe spaces? Why or why not?*

**Timing: 1 min**



**Do:**

Click through pictures to discuss what makes a space feel safe

**Material Notes:**

### Trainer Notes:

## 31 KEY ELEMENTS TO SAFE SPACES

### Facilitator's Notes

#### Speaker Script:

Creating a truly safe space involves more than just the physical environment. It's about how we interact and engage with individuals. Simple actions like:

- Addressing someone by their name and speaking with them directly instead of through an interpreter or staff.
- Reducing background noise.
- Don't forget to consult with staff or family members for tips before meetings - they often know the small details that can help create a more secure environment.
- Additionally, speak to the person at their level, both physically and mentally. If the person is shorter in stature or uses a wheelchair to ambulate, sit or kneel with them. Consider their mental age when having discussions as well; use words and explain things in a way they will understand.
- Even taking a walk if they need to move can make a significant difference.
- Do not use jargon or acronyms unless you know the person knows what they mean and understands them; same concept for turns of phrase like "stick in the mud".

**Timing: 1.5 min**



**Do:**

Each point emerges with a click

**Material Notes:**

### Trainer Notes:

## 32 QUOTE

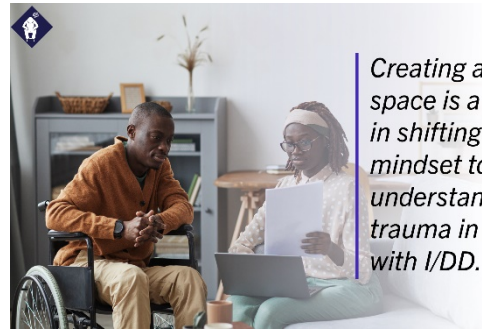
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### Facilitator's Notes

#### Speaker Script:

By consciously creating safe spaces that go beyond the physical setup, we are not just providing comfort, we are actively working to shift our thinking and practice towards a trauma-informed approach. It's about recognizing the impact of trauma on our clients with I/DD and ensuring that our interactions are grounded in empathy and safety.

**Timing:** .5 min



*Creating a safe space is a key step in shifting our mindset towards understanding trauma in those with I/DD.*

**Do:**

**Material Notes:**

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### Trainer Notes:

## 33 COMMUNICATION

### Facilitator's Notes

#### Speaker Script:

Communicating effectively is an important part of Trauma-Informed Care, and this is especially the case given the difficulties that Individuals with I/DD can have with communicating. If our goals are safety, trustworthiness, choice, collaboration, and empowerment, then all our communication with the individual must convey that - verbal and non-verbal. (University at Buffalo, n.d.)

Timing: .5 min



**Do:**

**Material Notes:**

### Trainer Notes:

## 34 POLITE AND RESPECTFUL COMMUNICATION

### Facilitator's Notes

#### Speaker Script:

Communication is not just about words; it is about understanding the full spectrum of how an individual expresses themselves, especially for those who are non-verbal.

It is essential to observe body language, facial expressions, and other non-verbal cues.

For Individuals with I/DD who have limited communication skills, tools such as picture boards, sign language, and other assistive technologies can help with communication.

If you have never worked with someone who uses a communication assistive device, they can be powerful tools for giving someone a voice. While it might seem intimidating initially, working with the Interdisciplinary Team can provide you with information on how to best use them with a specific individual.

Remember that speaking skills and understanding are not the same. Often, an individual will understand more than they can say.

On the next slides, we will see some simple techniques for ensuring respectful communication during an appointment or interaction.

**Timing: 1 min**



**Do:**

#### Material Notes:

### Trainer Notes:

## 35 POLITE AND RESPECTFUL COMMUNICATION

### Facilitator's Notes

#### Speaker Script:

Here are some things to think about to maintain polite and respectful communication with individuals with I/DD:

- Greet the person as you would greet anyone normally - if it is normal for you to shake someone's hand to say hello then do that, a fist bump, etc. If they cannot reciprocate, they will let you know in their own way.
- Always acknowledge the person's presence, as much as possible. Do not communicate with an aid or interpreter and always work to include the individual even if you need to speak with their support providers.
- Maintain eye level (i.e. sitting or kneeling if someone uses a wheelchair).

**Timing: 1 min**



**Polite and Respectful Communication**  
with Individuals with I/DD

**Initial Interaction**

- 1** **Greet the person normally:**  
begin with a warm, genuine greeting just as you would with anyone else.
- 2** **Acknowledge their presence:**  
always make sure the person knows you see them and are ready to engage.
- 3** **Maintain eye-level interaction:**  
position yourself at eye level to foster connection and reduce any feelings of intimidation.

**Do:**

**Material Notes:**

### Trainer Notes:

## 36 POLITE AND RESPECTFUL COMMUNICATION

### Facilitator's Notes

#### Speaker Script:

- Respect personal space: be mindful of physical boundaries to avoid causing discomfort
- Use appropriate touch: if touch is necessary, ensure it's supportive and not controlling. Be mindful of internal policies and procedures.
- Avoid patronizing gestures or language: use simple, respectful language, avoid any actions that might feel demeaning.
- Encourage participation with visual aids: use visual tools or gestures to facilitate understanding and engagement.
- Speak *to* the person, not *about* them: direct your communication to the individual, showing respect and inclusion.

**Timing: 1 min**



**Polite and Respectful Communication with Individuals with I/DD**

**Main Interaction**

- 1** **Respect personal space:** be mindful of physical boundaries to avoid causing discomfort.
- 2** **Use appropriate touch:** if touch is necessary, ensure it's supportive and not controlling. Be mindful of internal policies and procedures.
- 3** **Avoid patronizing gestures or language:** use simple, respectful language; avoid any actions that might feel demeaning.
- 4** **Encourage participation with visual aids:** use visual tools or gestures to facilitate understanding and engagement.
- 5** **Speak to the person, not about them:** direct your communication to the individual, showing respect and inclusion.

*Photo: A young woman with curly hair and a young man with glasses are sitting at a table, looking at a tablet together. The woman is pointing at the screen.*

Minds at Work

**Do:**

**Material Notes:**

#### Trainer Notes:

## 37 POLITE AND RESPECTFUL COMMUNICATION

### Facilitator's Notes

#### Speaker Script:

- Consider non-verbal cues: pay attention to tone, cadence, posture, and facial expressions to ensure your message is received positively.  
*Remember your physical expressions and cues will speak louder than any words you say!*
- Use a calming and reassuring tone: end the conversation with a tone that is calm, reassuring, and affirming.
- Maintain eye-level interaction: show appreciation for their engagement, reinforcing their value in the interaction.

Consistency in interaction helps build trust and allows the individual to feel understood and supported, even without words. Always adapt your communication style to meet the needs of the individual, ensuring they feel respected and heard.

#### Trainer Notes:

**Timing: 1 min**



**Polite and Respectful Communication with Individuals with I/DD**

**Closing Conversation**

- 1** **Consider non-verbal cues:** pay attention to tone, cadence, posture, and facial expressions to ensure your message is received positively.
- 2** **Use a calming and reassuring tone:** end the conversation with a tone that is calm, reassuring, and affirming.
- 3** **Maintain eye-level interaction:** show appreciation for their engagement, reinforcing their value in the interaction.

**Do:**

**Material Notes:**

## 38 QUOTE

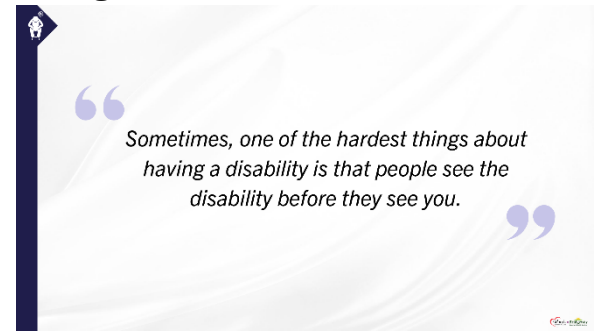
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### Facilitator's Notes

#### Speaker Script:

"Sometimes, one of the hardest things about having a disability is that people see the disability before they see you." Quote taken from Cleveland Clinic Building Bridges video.  
(Cleveland Clinic, 2021)

**Timing: .5 min**



**Do:**

**Material Notes:**

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**Trainer Notes:**

## 39 SUPPORT CYCLE

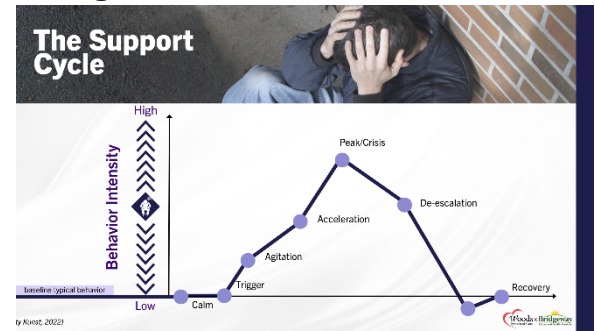
### Facilitator's Notes

#### Speaker Script:

Sometimes despite our best efforts, an individual will be triggered and will find themselves acting out in a non-typical way. Your role is to recognize and work with the individual to return them to baseline behavior. We will discuss this process more in-depth in Module 5, but in the meantime, the Support Cycle refers to the ongoing process of providing care and support, which includes assessing needs, offering immediate assistance, and reflecting on the effectiveness of the interventions used. Each phase of the support cycle—assessment, intervention, reflection—helps in fine-tuning how we provide care to individuals. Feedback from the individual and the care team is essential for continuous improvement. Building a strong, supportive network ensures that everyone involved is aligned in their approach and can offer consistent, effective support. (Katy Kunst, 2022)

#### Trainer Notes:

**Timing: 1 min**



**Do:**

**Material Notes:**

## 40 CO-ESCALATION VS. CO-REGULATION

### Facilitator's Notes

#### Speaker Script:

In the middle of a crisis, it's important to remember that you will either be co-escalating or co-regulating the crisis depending on your behavior and words.

**Co-escalation** occurs when staff inadvertently contribute to an individual's heightened emotional state, often by reacting with frustration or matching the individual's intensity.

**Co-regulation**, on the other hand, involves staff maintaining calm and offering a stabilizing presence to help the individual return to a regulated state.

It's crucial to recognize the early warning signs of escalation, such as pacing, clenched fists, or raised voices, and to respond with calming techniques rather than matching the intensity. Techniques like using a calm voice, offering space, and employing grounding activities can make a significant difference in supporting someone to de-escalate.

#### Trainer Notes:

**Timing: 1.5 min**

**Co-Escalation vs. Co-Regulation**

**Co-Escalation:**  
occurs when a caregiver or staff member unintentionally mirrors or matches the heightened emotional state or intensity of the individual they are supporting. This can lead to an increase in tension and further escalation of the situation, making it more challenging to de-escalate and resolve.

**Co-Regulation:**  
is the process by which a caregiver or staff member remains calm and composed in the face of an individual's heightened emotional state. Through their calm demeanor and stabilizing actions, they help the individual return to a more regulated, calm state. Co-regulation involves providing a sense of safety, security, and emotional support, which can help prevent further escalation.



**Technique Suggestions:**  
use a calm voice, offer space, suggest grounding activities





**Do:**

#### Material Notes:

## 41 KEY TAKEAWAYS

### Facilitator's Notes

#### Speaker Script:

- Trauma significantly impacts brain function and behavior in individuals with I/DD.
- Recognizing signs of trauma—both medical and behavioral—is crucial for effective support.
- Understanding and managing triggers helps in creating a safe environment.
- Our goal is to help calm and support and to enable better communication and reasoning.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

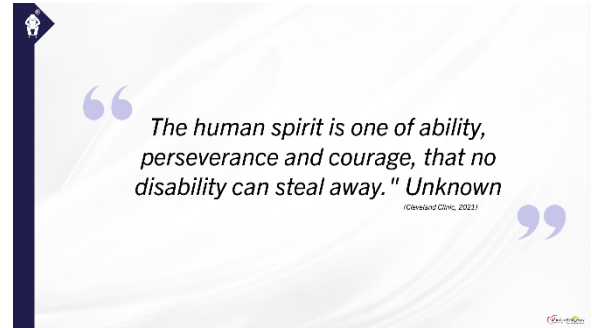
## 42 KEY TAKEAWAY QUOTE

### Facilitator's Notes

#### Speaker Script:

*The human spirit is one of ability, perseverance and courage, that no disability can steal away." Unknown*  
(Cleveland Clinic, 2021)

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

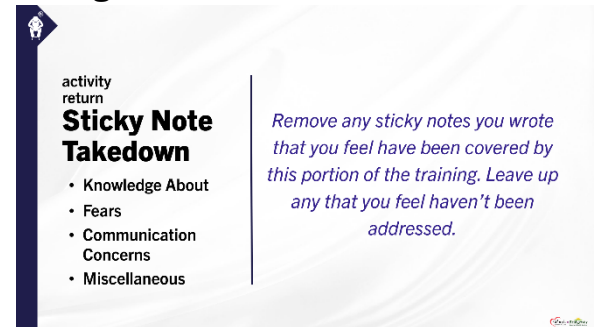
## 43 ACTIVITY: STICKY NOTES

### Facilitator's Notes

#### Speaker Script:

Before our break, we are going to revisit our sticky notes. At this point, go and remove any sticky note you wrote that you now feel has been answered. If you would like to add anything to a sticky note, you may do that as well.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

## 44 REFLECTION ACTIVITY: SOMETHING

### Facilitator's Notes

#### Speaker Script:

During the break, take a moment to write down something that you want to remember, that you want to share, and that you were surprised by.

Timing: 1 min



Do:

Material Notes:

Trainer Notes:

# Activities

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## Activity 1: Adding a New Lens, TIC Principles

### Instructions:

1. Break the participants into groups of 4-5.
2. Each group will take one value/principle of Trauma-Informed Care.
3. Using the sheets provided, spend 3 minutes brainstorming how they might apply this principle given what they have learned about individuals with I/DD. If they are unsure, they can also brainstorm barriers or questions they have about this.
4. Come back together.
5. Each group shares out the key points discussed.
  - **Safety** - ensuring physical and emotional safety
  - **Trustworthiness** - task clarity, consistency, and interpersonal boundaries
  - **Choice** - individual has choice and control
  - **Collaboration** - making decisions with the individual and sharing power
  - **Empowerment** - prioritizing empowerment and skill building

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