Trauma-Informed and Healing-Centered Care for Children with Disabilities: Promoting Resilience within Communities

Supporting Children with Disabilities During the Pandemic National Academies of Sciences, Engineering & Medicine June 15, 2022

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Disclosures

I am presenting today as a representative of the American Academy of Pediatrics

I have no actual or potential conflicts of interest in relation to this presentation/program

I do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation

Disabilities among Children

The most common types of disability among children ages 3 to 5 are speech or language impairments, developmental delays, and autism.

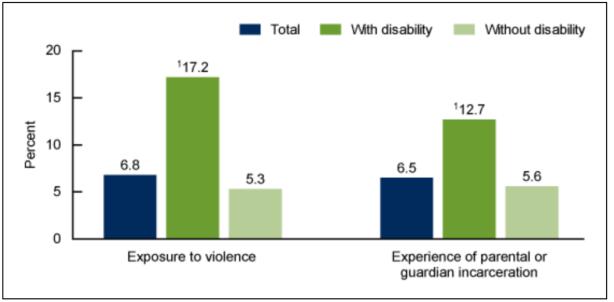
% of children with disability, ages 3-5 (N=815,010)

Disability category

	(0.0,0.0)
Speech or language impairments	41%
Developmental delay	37%
Autism	11%
Other health impairments	3%
Intellectual disabilities	2%
Hearing impairments	1%
Specific learning disabilities	1%
Deaf and blindness	<1%
Emotional disturbance	<1%
Multiple disabilities	<1%
Orthopedic impairments	<1%
Traumatic brain injury	<1%
Visual impairments	<1%

Source: https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html#partb-cc (Static Tables, Child Count, Part B, Table 2)

Percentage of children aged 5–17 years who had been exposed to violence in their neighborhood, or who lived with a parent or guardian who had been incarcerated, by disability status: United States, 2019



¹Significantly different from children without disability (p < 0.05).

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019

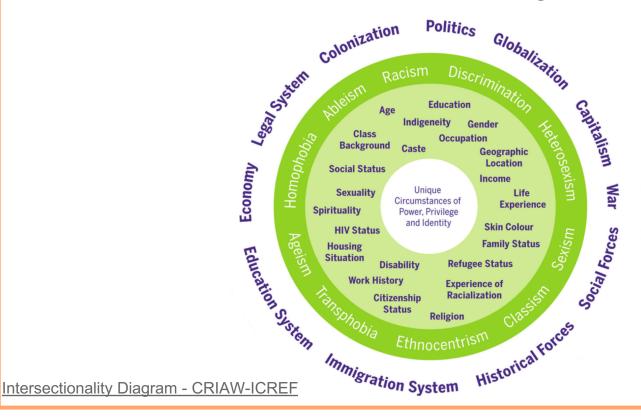
Implications of COVID-19 on Children with Disabilities

- Children with pre-existing mental and physical or cognitive disability were at high risk
 - O 40% of children with IEPS were not receiving these services
 - O Loss of in-person therapy service
 - O Limited access to accommodations
 - O Compounded social isolation
 - O Unemployment and gaps in insurance coverage
- Lack of assistive technologies and support and professional development of teachers to provide special education remotely
- Most online platforms not compatible with assistive technology for children with visual impairments or hard of hearing
- Social distancing and lack of social interactions created additional challenges with children with Autism Spectrum Disorder
- Elevated stress and anxiety for families, teachers and children reduced access to services for behavioral health and inadequate number of pediatric behavioral health providers
- Insufficient support and attention to caregivers and two-generational models





Intersectionality

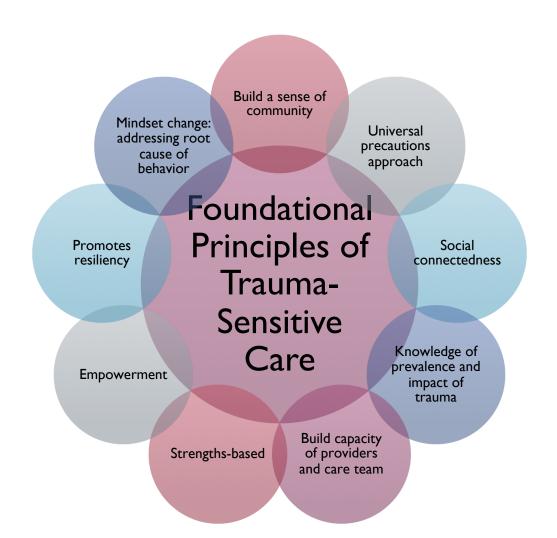




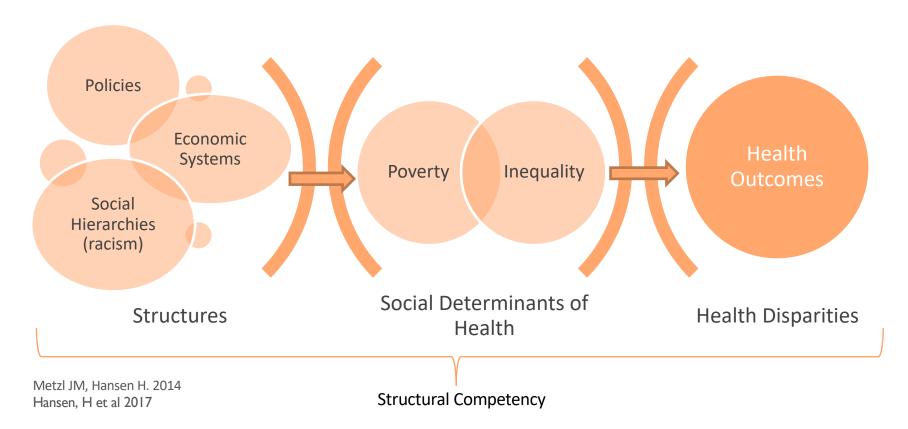
An Ecological Approach is Necessary



- Trauma symptoms are adaptations to environmental conditions
- Safety and social connections are fundamental to healing
- Opportunities for health promotion require coordinated efforts.



Structural Competency





Resilience

Individual

- Active coping.
- Hope
- Optimism
- Faith

Household

- Social cohesion
- Belonging
- Problem solving
- Flexibility
- Routines
- High-quality care

Community

- Opportunity structures
- Safety
- Prosperity
- Stability
- Connections

Societal

- Social policies, laws, programs
- Access to healthcare and insurance
- Equitable and diverse communities
- Social justice







Perspective - Caring *for* and *about* caregivers









Occupational Risk

- Burnout is common in healthcare
 - Secondary Traumatic Stress, Vicarious Trauma, Compassion Fatigue
- Burnout is more prevalent among healthcare providers that identify as women and among residents experiencing greater explicit and implicit racial biases.
- Provider wellbeing is associated with the quality of care delivered, stress and satisfaction



Healing & Thriving in Community

- Self-Care Strategies
- Organizational strategies and resources that support resilience and reduce stress and burnout including wellness culture, efficiency, infrastructure, teamwork, support from the medical community and home, mental health supports



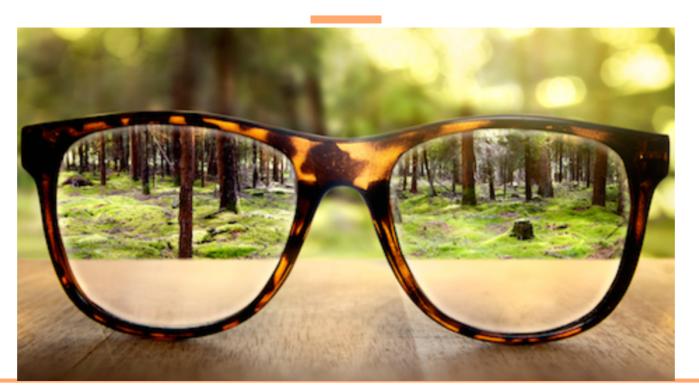
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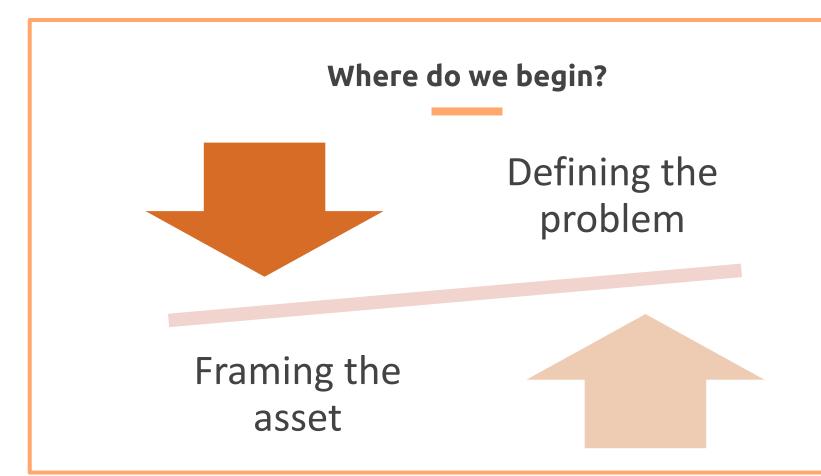


Re-imagining Partnership with the Community



Reframing Narratives







Co-Leadership

- Acknowledge and uplift existing leadership
- Culture and Leadership
 - Create pathways for new leadership styles
 - Collective leadership, adaptive and diverse forms of leadership
- Lead from Margin to Center
 - Identify and learn from the bright spots and innovations
 - Language justice
 - Embrace Differences in Accessibility

Co-Design: Design with and not for

- A participatory approach where community stakeholders cooperatively develop social innovations
 - Acknowledges the historical processes and structural inequalities
 - Recognizes differential power, access to resources, and participation

Community wisdom and experience is valued

Capacity building centers on equitable leadership in design, participation, and decision making

Mindset, infrastructure, and capacity aligned for equitable governance



Power Sharing

- Transparency
 - How is capital distributed?
 - Where can we expand leadership
- Expanding opportunities to share power
 - Trauma-informed lens how has disempowerment impacted leadership
- Globally there is limited power sharing with individuals with intellectual and developmental disabilities, particularly youth

Recommendations

- Involve families and communities in the development and improvement of screening tools and administration protocols
- 2. Recognizing that screening is not risk-free for families
- 3. Trauma-informed systems change and training for staff
- 4. Create a medical home for children with disabilities and trauma history
- Have a process for both screening for and incorporating strengths and protective factors
- 6. Integrate behavioral health in schools and clinical care

Community-Led Solutions

- Proactive development of formal community and family leadership advisory forums with access to informing budgets and priorities [Children's Cabinet, participatory budgeting, accountability]
- Increasing community-informed and designed mental health supports for children and families.
 - Expand opportunities for training, education, certification and workforce entry for layprofessionals to support behavioral health needs for children and families
 - Child and Family-centered strategies, family leadership and community-led strategies
 - Engaging ECE professionals, caregivers and parents in developing guidelines for ECE programs
- Increasing peer-to-peer leadership opportunities, networks, mentorship and support for parents, caregivers, providers and educators
- Increase two-generational strategies to support relational health

Policy Action Steps

- Proactive planning for resilient community systems
 - State agency partnerships
- Increasing funding for mental health and behavioral health support
- Scaling community-integrated models such as Help Me Grow
- Expanding in-home services, building upon successful models such as the Nurse-Family Partnership
- Funding to diversify the workforce and for community leadership and champions, layproviders training and work opportunities
- Funding strategic, cross-sector community partnerships and integrations of clinical institutions and non-profit organizations

Resources:



AAP Trauma-Informed Care: https://www.aap.org/en/patient-care/trauma-informed-care/

Child Trauma Training Center: https://www.umassmed.edu/cttc/

Child Witness to Violence Project: http://www.childwitnesstoviolence.org/

Federation for Children with Special Needs: https://fcsn.org/trauma-sensitivity-during-the-iep-process/

Flourish Agenda: https://flourishagenda.com/

Healthy Outcomes from Positive Experiences (HOPE): https://positiveexperience.org/

Help Me Grow National Center: https://helpmegrownational.org/

National Child Traumatic Stress Network: https://www.nctsn.org/

National Center for Medical Legal Partnership: https://medical-legalpartnership.org/

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