

# Welcome



We are so excited that you have joined us today. While you are waiting for the training to start at 12:00, please listen to some music that relates to our topics.



# Project ATAIN

Access to Trauma-informed Treatment and Assessment for  
Neurodivergent and/or Gender-expansive youth



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# OUR DTIRC TEAM

## DARTMOUTH TRAUMA INTERVENTIONS RESEARCH CENTER (DTIRC)

- M. Kay Jankowski
- Erin Barnett
- Becky Parton
- Jennifer McLaren
- Kelly Smith
- Kaitlyn Ahlers
- Christina Moore
- Kady Sternberg
- Erin Knight-Zhang
- Crystal Young

We have engaged people with lived experience and state and national colleagues to help us create and bring this curricula to NH.



### **Acknowledgements:**

Micah Peace, Consultant

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John Strang, Children's National

STRYDD Center, Northwell Health

Cincinnati Children's Hospital

NH START

LEND – Leadership Education in

Neurodevelopmental and related Disabilities

# Mission

- We recognize that children with **neurodiversity and gender diversity** have **higher rates of trauma** than their peers. Increase the **knowledge and skills of multidisciplinary providers**, statewide, to **identify, engage, screen and treat** this population

# Vision

- **Children** in New Hampshire with neurodiversity or other intellectual disabilities **and** those who identify as gender diverse **will have access to best practice care for their trauma related mental health needs.**

## **This is an introduction to the triple intersection of neurodiversity, gender diversity and trauma.**

Our objectives for today are:

1. Participants will be able to describe the impact of trauma on youth.
2. Participants will gain awareness regarding the co-occurrence of IDD/ASD and gender diversity, including the heightened risk for trauma and other mental health symptoms.
3. Participants will learn ways to promote more inclusive, affirming, and trauma-informed practices to support neurodivergent and LGBTQIA+ people.

## Your presenters today



Kelly Smith



Micah Peace Urquilla

Thank you for being here today.  
We are going to ask you to “really” be here today.  
Lean into any discomfort you may experience today. Notice  
and explore that discomfort. We often learn the most when  
we notice our discomfort.

“Love and belonging are the needs of all adults and children. We are hardwired for connection- it’s what gives purpose and meaning to our lives. The absence of love, belonging, and connection always leads to suffering.”

*Brené Brown*



# What is trauma?

“A traumatic event is a frightening, dangerous, or violent event that **poses a threat** to a child’s life or bodily integrity.

Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic.”

*National Child Traumatic Stress Network*



## Numbers tell a story...

**9 in 1,000**

of all children are maltreated in the US annually.

**1 in 44**

youth in the US have an Intellectual Disability.

**1 in 36**

children are diagnosed with autism.

**1.6 million**

of youth age 13+ identify as transgender.

**1 in 4**

individuals who have ASD identify as LGBTQIA+

## Children with a disability are...

**2-3 times**

More likely *to experience traumatic events* and more likely to experience traumatizing incidents of **restraint and seclusion**.

**2 times**

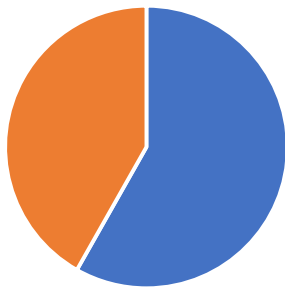
More likely to **experience abuse/neglect at home**.

**3 times**

More likely to be **in a family with domestic violence**.

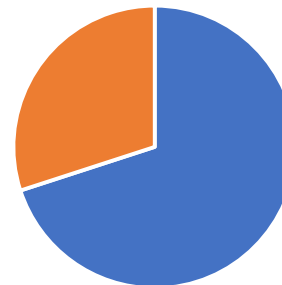
**3-4 times**

More likely to be a **victim of a crime**.



**56.2% +++**

of children with IDD or Autism are bullied (Rose, 2019).



**70% +++**

of LGBTQA+ youth have been bullied (Meyer, 2022).



# Neurodiversity and Neurodivergence

- Neurodiversity: The range of natural diversity that exists in human neurodevelopment.
- Neurotypical: A person or people whose neurodevelopment falls within the range usually considered to constitute “typical” development.
- Neurodivergent: A person or people whose neurodevelopment falls outside of (or “diverges” from) the range usually considered to constitute “typical” development (e.g., a group of autistic people is a group of “neurodivergent” people).
- Neurodiverse: A collective term for groups including mixed neurodevelopment (e.g., a group of autistic and nonautistic people is a “neurodiverse” group).

# Intellectual and Developmental Disabilities (IDD)

## Intellectual Disability

- Characterized by significant limitations in both intellectual functioning and adaptive behavior, which includes everyday social and practical skills
- Onset prior to age 18

## Autism

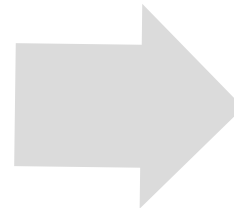
- Neurodevelopmental disability that is diagnosed based on the presence or absence of behaviors in social communication and behavioral flexibility
- Range in level of support needs as well as in symptom expression, cognitive skills, and language abilities

*"If you've met one person with autism, you've met one person with autism."*

## An important shift in perspective

### *Medical Model of Disability*

Disability is rooted WITHIN individuals  
and focuses on deficits and the  
CANNOT



### *Neurodiversity Paradigm*

Typical development is not superior or  
inferior to divergent development;  
Physical and social environments in  
which we live are generally designed to  
meet the needs of neurotypical people

# Invisible Diversity, A story of.....





What resonated with you?  
What answered a question for you that  
you did not know you had?

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Breakout Groups-10 minutes

- Identify a scribe for your group.
- Please have the scribe for your group write in the chat a key take away from your group discussion.



# Break.

Use this break to stand up and stretch.

(7 minutes)

# Why do we need to look at trauma when we talk about neurodiversity?

## Children with a disability are...

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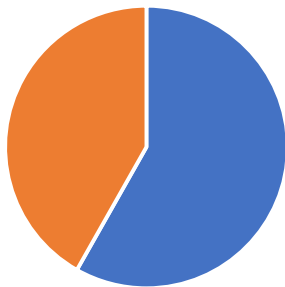
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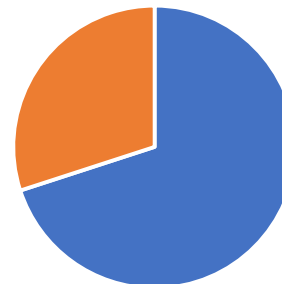
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of LGBTQA+ youth have been bullied (Meyer, 2022).

## Traumatic experiences (T and t) for our kids with neurodiversity

Domestic violence

Neglect

Parental SUD

Divorce

Physical abuse

Bullying and exploitation by peers

Sexual abuse

Improper use of restraint

Improper use of seclusion

Excluded

Sensory differences

Higher number of medical appt.'s and trauma from even routine procedures

Cut off relationships

Isolated

Discrimination

Delayed or missed diagnosis

Transitions and/or changes

Feelings	Behaviors	Beliefs about self
<ul style="list-style-type: none"> <li>• Confused</li> <li>• Sad</li> <li>• Frustrated</li> <li>• Scared</li> <li>• Angry</li> <li>• Lonely</li> <li>• Happy</li> </ul>	<ul style="list-style-type: none"> <li>• Self-harm</li> <li>• Can't sleep/ too much sleep</li> <li>• Irritability</li> <li>• Aggressive</li> <li>• Eloping</li> <li>• Raging/ Out of control</li> <li>• Hurting other kids</li> <li>• Need to control</li> <li>• Encopresis/ Enuresis</li> <li>• Rocking/ self-soothing</li> <li>• Public/ excessive masturbation</li> <li>• Repetitive questions</li> <li>• Withdrawn/ disconnected from people</li> <li>• Somatic complaints</li> <li>• Self stimming</li> <li>• Perseveration</li> </ul>	<ul style="list-style-type: none"> <li>• I am bad</li> <li>• I am unlovable</li> <li>• I am dirty</li> <li>• It's my fault</li> <li>• I am powerless</li> <li>• Nobody cares about me</li> <li>• Nobody will protect me</li> <li>• It is not okay to feel my feelings</li> <li>• I have to be perfect</li> <li>• I am unworthy</li> <li>• I am weird/ different</li> <li>• I do not belong here</li> </ul>

# Framework

## Who are our neuro divergent individuals?

They are amazing, unique, strong, creative, courageous, funny, resourceful, and want to be connected.



## We need to show up...everyday

Always have hope and respect for our individuals. Look for opportunities to practice and teach over and over again. We must regulate, engage, repair, and reconnect, Be curious, compassionate, and kind.



## Therapeutic Interactions

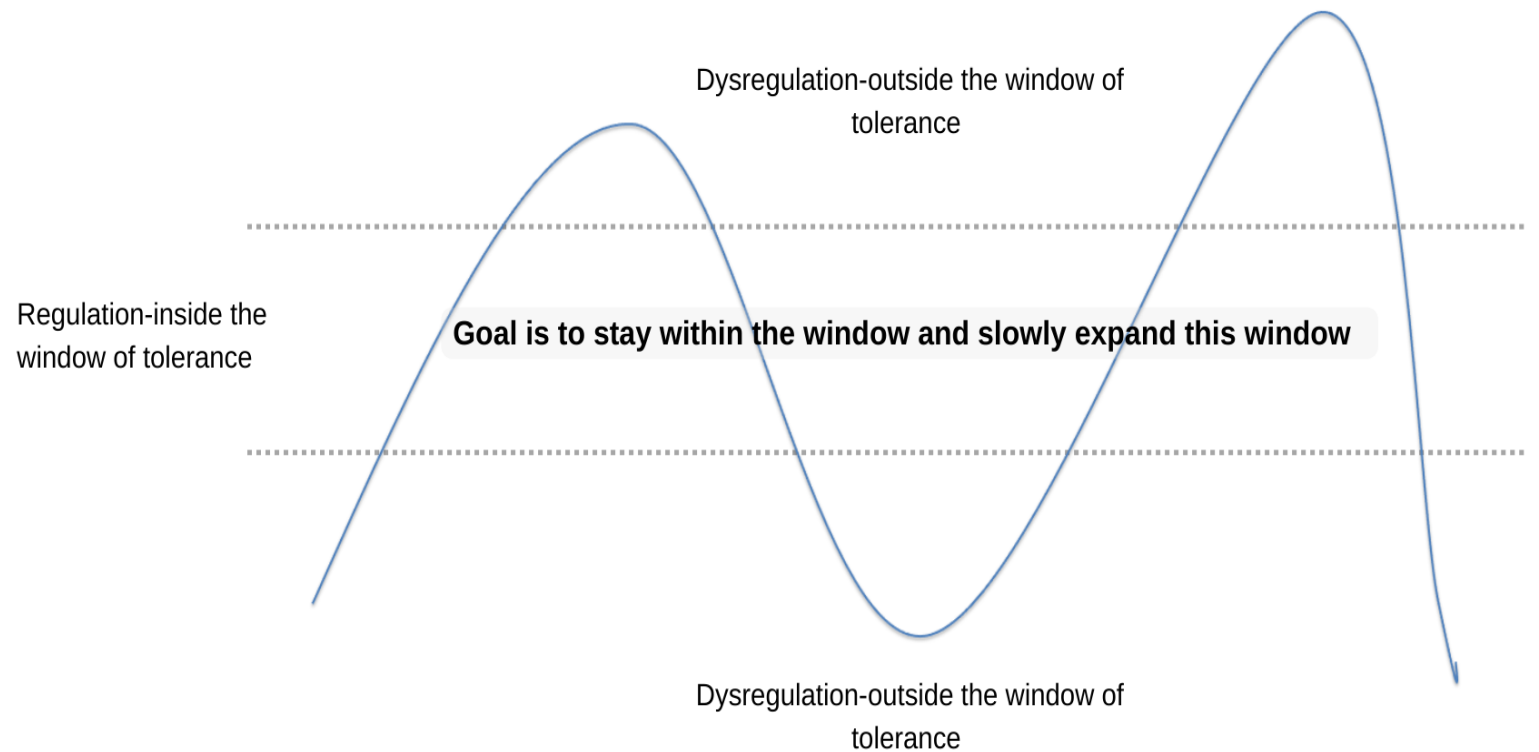
### THE WORK

(School staff, case manager,  
clinician, residential staff, parents,  
and advocates)

- Point out “Moments of Joy” that the individual experienced during that day and/or in the moment.
- Recall a fun memory you have experienced with the individual.
- Hold space for them during hard times and celebrate their joys with them.
- Enter the home/classroom with an attitude of “looking forward to their time together.”
- Look for the goodness in the individual and tell them.
- Be playful with the individual (leaving a note, having a fun handshake, or facial expression with them).
- Demonstrate to the individual that they are worthy of care.

# Window of Tolerance

Co-regulation (as opposed to self-regulation). The adult becomes the “emotional container” with the individual. The caring adult must check their own biases. They must stay regulated and engaged with the individual during stressful and dysregulated times.

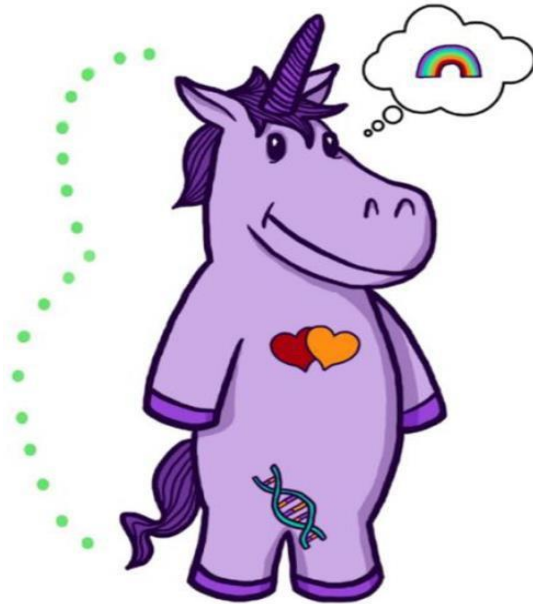




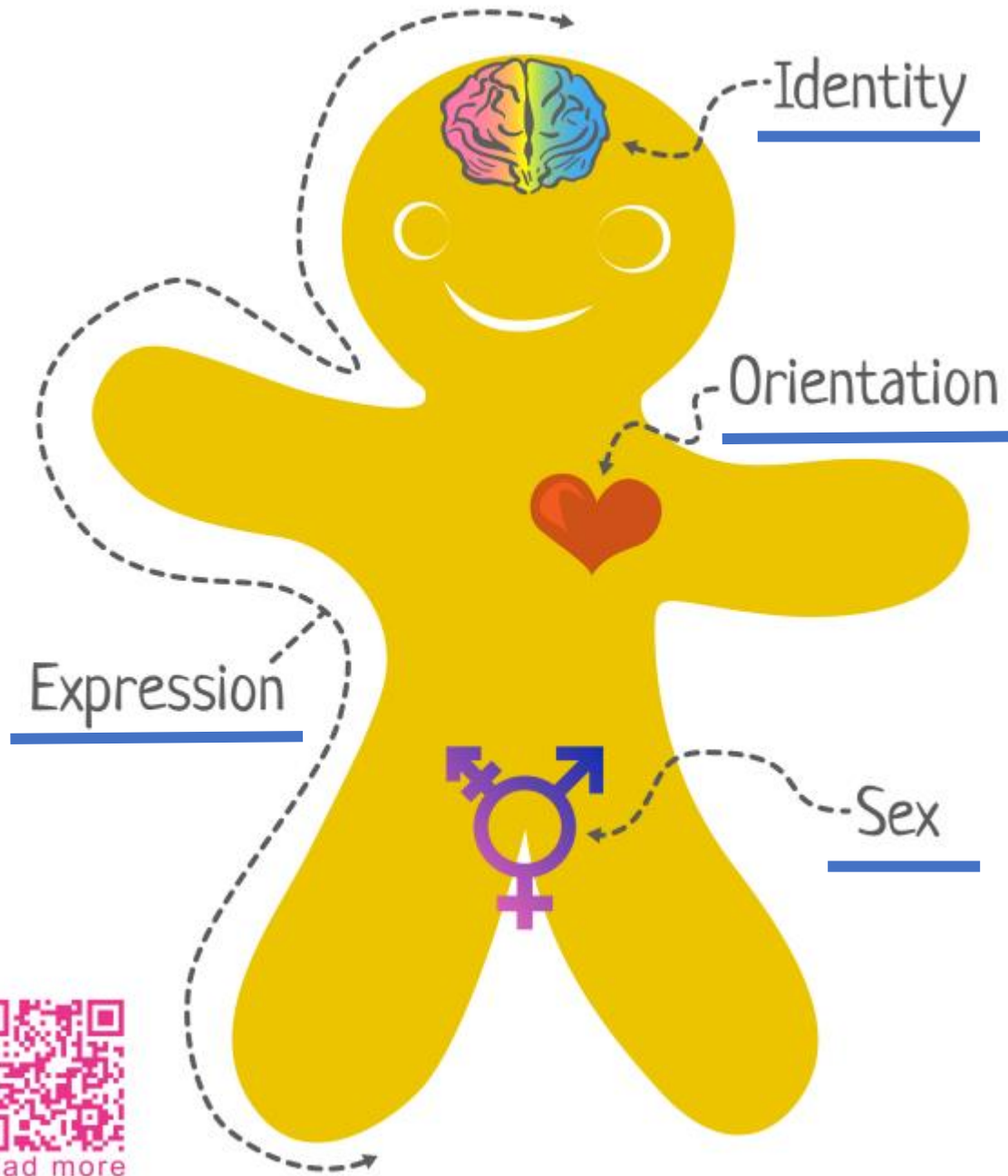
## Experiences of youth at the intersection of autism and gender diversity is 24%+

- Autism diagnosis missed or delayed
  - “Definitely need more resources for the autism, not even having to do with gender.”
- Gender identity doubted because of their autism
  - “They thought it was an obsession”
- Neurodifferences impact gender discernment and communication about gender
  - “I guess I’m not good at explaining it [gender] much to people and when people ask questions I’m often overwhelmed by the questions.”

# What is gender?



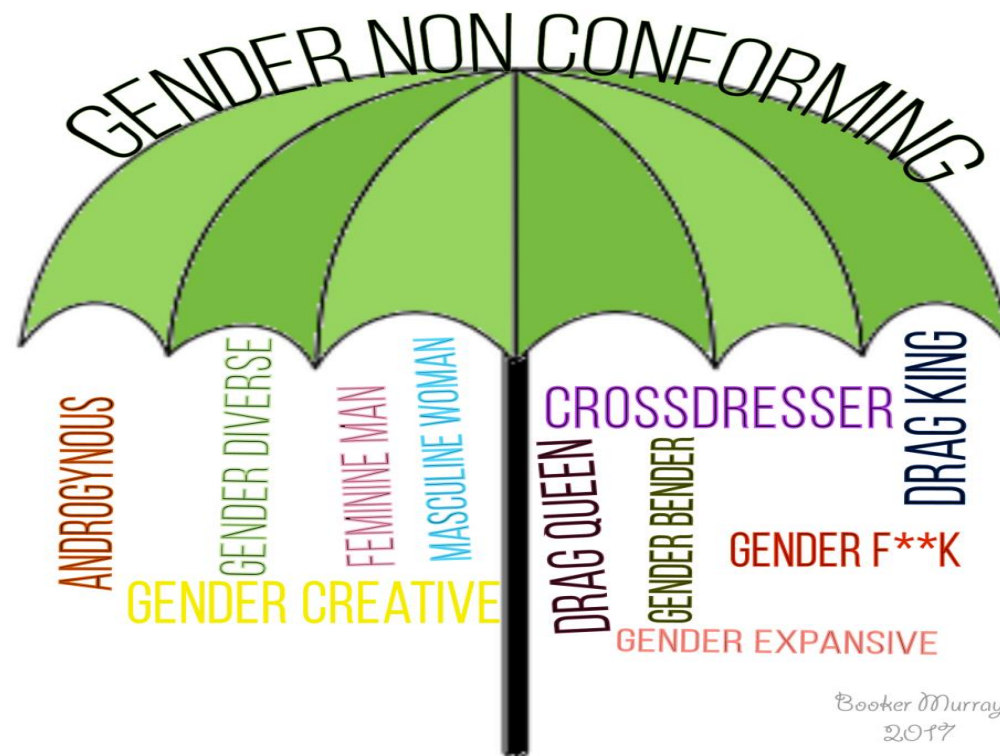
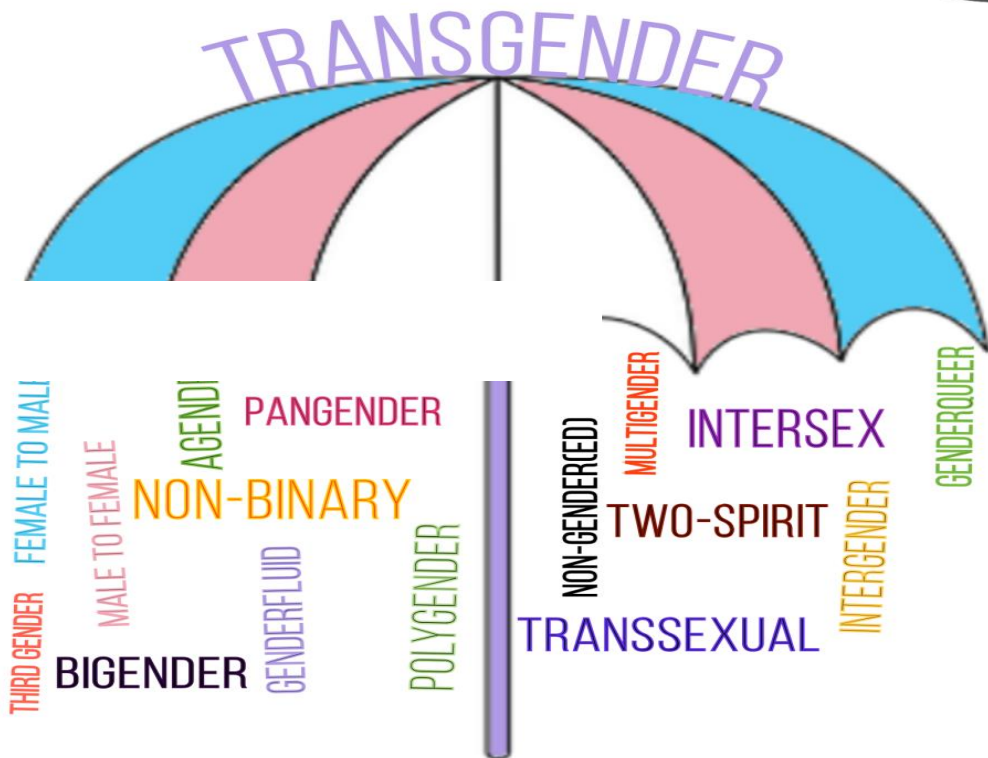
A complex concept referring to the socially and culturally constructed characteristics of femininity and masculinity



# Gender Diversity

TRANSGENDER  
 ENCOMPASSES ANY INDIVIDUAL  
 WHOSE GENDER IDENTITY DOESN'T MATCH THEIR  
 GENDER ASSIGNED AT BIRTH

GENDER NON CONFORMING  
 ENCOMPASSES ANY INDIVIDUAL  
 WHO CROSSES OVER OR CHALLENGES THEIR SOCIETY'S  
 TRADITIONAL GENDER ROLES AND/OR EXPRESSIONS



# Breakout Group-Reflection

10 minutes

- How do you think about your own gender? Do you recall specific messages growing up regarding gender and conforming/not conforming?
- What messages from family/peers/faith communities and society stand out to you about gender? How did/do these messages align with reinforcing normative messaging?

“The days I feel most beautiful are the days I am most afraid...The thing about being visibly gender non-conforming is that we are rarely, if ever, defended by other people in public. Everyone thinks that since we ‘made a choice’ to ‘look like that’, we are bringing it upon ourselves. The only reason people can fathom why we would look this way is because we want to draw attention to ourselves. They can’t even consider that maybe we look like this for ourselves, and not for other people. We are reduced to a spectacle. And when you are a spectacle, the harassment you experience becomes part of the show”

*Alok Vaid-Menon, Beyond the Gender Binary*

# Break

(7 minutes)

Use this break to stand up and stretch.





Many spaces are not inclusive or safe for trans and gender diverse youth which can lead to having traumatic experiences.

Family Rejection

Peer Rejection

Bullying

Violence

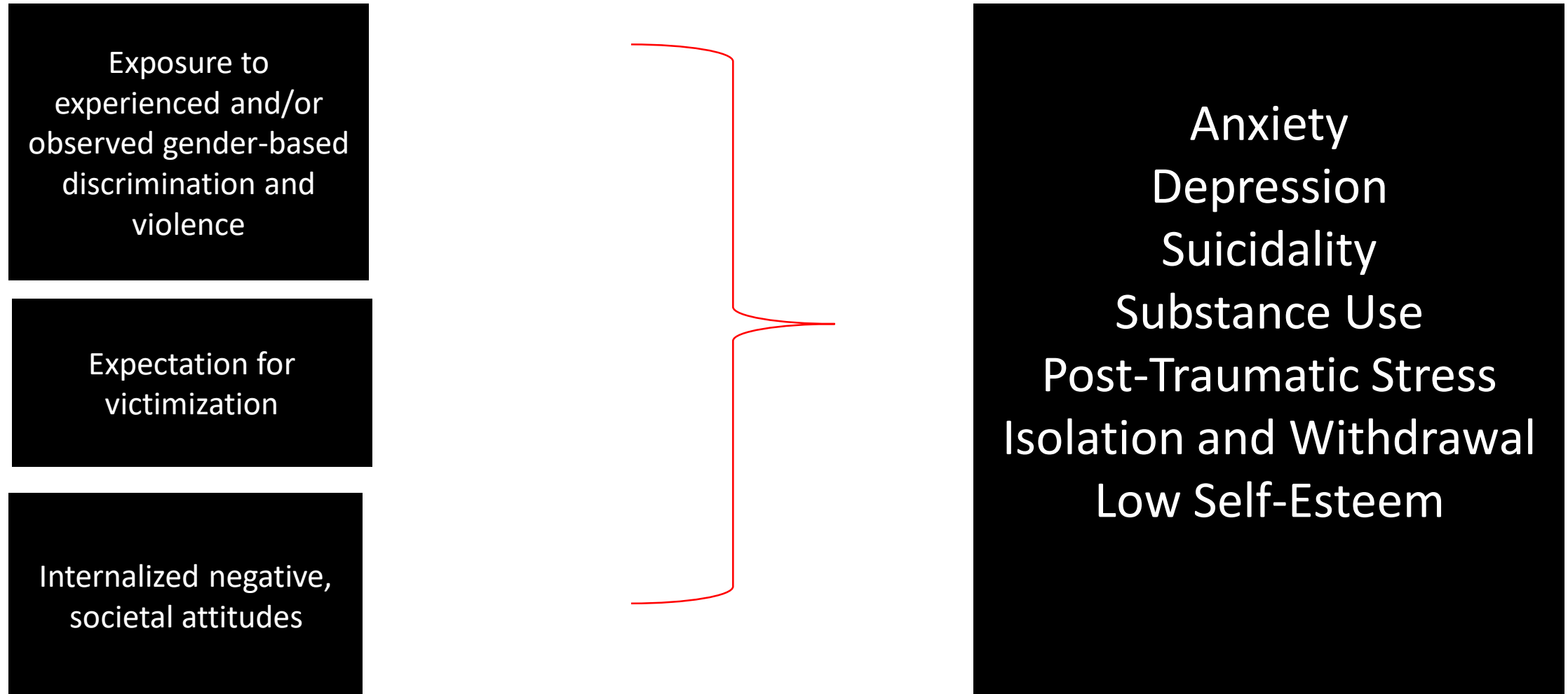
Discrimination in  
School

Harassment in  
Community

Anti-Trans Policy

Healthcare  
Inaccessibility

# Minority stress model of mental health outcomes



Gender affirming care *is trauma-informed care*



## Traumatic experiences (T and t)

Domestic violence      Neglect      Parental SUD      Divorce

Physical abuse      Bullying and exploitation by peers      Sexual abuse

Improper use of restraint      Improper use of seclusion      Excluded

Refused medical care/support      Family rejection, dead naming  
and/or denial of gender expression

Cut off relationships      Isolated      Discrimination

Homelessness      Transitions and/or placement changes

Feelings	Behaviors	Beliefs about self
<ul style="list-style-type: none"> <li>• Confused</li> <li>• Sad</li> <li>• Frustrated</li> <li>• Scared</li> <li>• Angry</li> <li>• Lonely</li> <li>• Shame</li> </ul>	<ul style="list-style-type: none"> <li>• Self-harm</li> <li>• Can't sleep/ too much sleep</li> <li>• Irritability</li> <li>• Aggressive reaction</li> <li>• Eloping</li> <li>• Need to control</li> <li>• Suicidal thoughts</li> <li>• Suicidal attempts</li> <li>• Refusal to leave the house</li> <li>• Withdrawn/disconnected</li> <li>• Somatic complaints</li> <li>• Eating disorder</li> <li>• Always having to pretend</li> <li>• Addictive behaviors</li> <li>• Avoidance of gender</li> <li>• Hypervigilant/paranoia</li> </ul>	<ul style="list-style-type: none"> <li>• I am bad</li> <li>• I am unlovable</li> <li>• I am powerless</li> <li>• Nobody cares about me</li> <li>• Nobody will protect me</li> <li>• It is not okay to be me</li> <li>• I am unworthy</li> <li>• I am weird/ different</li> <li>• I do not belong</li> <li>• I do not matter</li> <li>• I am wrong</li> <li>• I am not human/real person</li> <li>• I am a ghost/alien</li> </ul>

# Framework

## Who are our gender divergent individuals?

They are amazing, unique, strong, creative, courageous, funny, resourceful, and want to be accepted and loved.



## How we need to show up...everyday

Always show respect for our individuals. . We must believe and validate. Demonstrate you are an ally. Be curious, compassionate, and kind. Use proper pronouns and names.



## Therapeutic Interactions

- Show up free of your own bias and be present.
- Recall a fun memory you have experienced with the individual.
- Hold space for them during hard times and celebrate their joys with them.
- Enter the home/classroom with an attitude of “looking forward to their time together.”
- Look for the goodness in the individual and tell them.
- Be playful with the individual (leaving a note, having a fun handshake, or facial expression with them).
- Demonstrate to the individual that they are worthy of care.
- Ask about pronouns and share your pronouns.
- Demonstrate allyship with buttons, stickers, etc.

## THE WORK

(School staff, case manager, clinician, residential staff, parents, and advocates)



Why this work is so important, it really is life and death important.



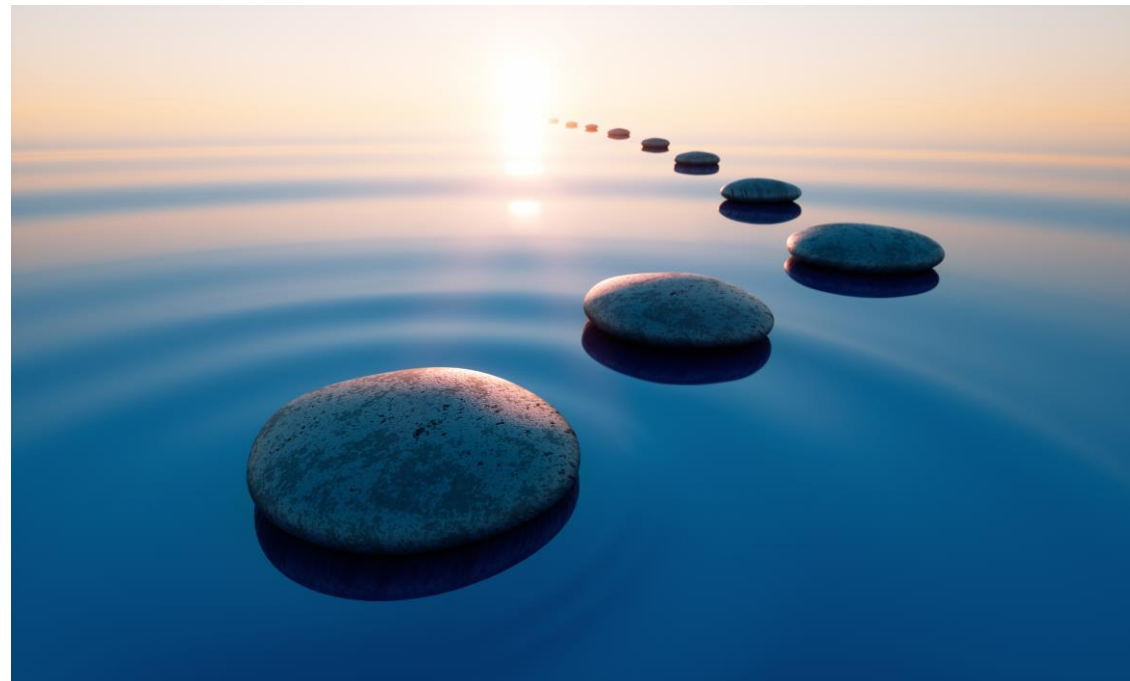
Low Family Acceptance correlated with:

- Depression 5.9x
- Substance use 3.5x
- Suicide thoughts and suicide attempts
- Risky sexual behavior



## Reflection

How inclusive is your current work environment for trans and gender diverse youth? What are 1-2 things you or your agency can do to create an affirming environment?





## System complications Siloed systems for IDD, trauma, and gender

- Mental health practitioners are reluctant to treat individuals with IDD
- Mental health practitioners are reluctant to treat gender diverse individuals
- Those who work with our kids with IDD, there is often an overreliance on behavior management (compliance)
- Trauma field is less knowledgeable of IDD and gender diversity
- Those who work with our kids with IDD are less knowledgeable about trauma and gender

## Help us evaluate our training!

- Your feedback is priceless. We will be facilitating an evaluation prior to the end of this training. Keep this webinar open and open another tab to access your email (or you can use your mobile device).
- A link to the evaluation should be near the top of your inbox.
- Follow the link and complete the evaluation, then we'll come back together and wrap up



## Hope

- Hope is not an emotion, hope is a cognitive thinking approach.
- Hope is 100% teachable.
- People who have experienced hard times are better at having hope, hope is a function of struggle.
- Two prerequisites for high levels of hopefulness are: Perseverance and Tenacity.
- People who have hope have had someone in their life that modeled and held out hope for them.



## Our purpose

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Our task is to provide a light in the darkness for those who have lost faith that people will protect them- or that they have a basic human right to that protection. The restoration of hope to a terrified child or guardian is a calling, and we must aspire to be our best selves to do it justice.