



# TRAUMA-RELATED SUPPORTS FOR STUDENTS WITH SIGNIFICANT DISABILITIES

**Dr. Jessica Zanton**  
**Eastern Illinois University**

# AGENDA

- What is trauma? What is traumatic?
- How does trauma impact the educational experiences individuals with ASD and I/DD?
- What are some effective practices for supporting students who have experienced trauma?

## SESSION OUTCOMES

After attending this presentation, participants will

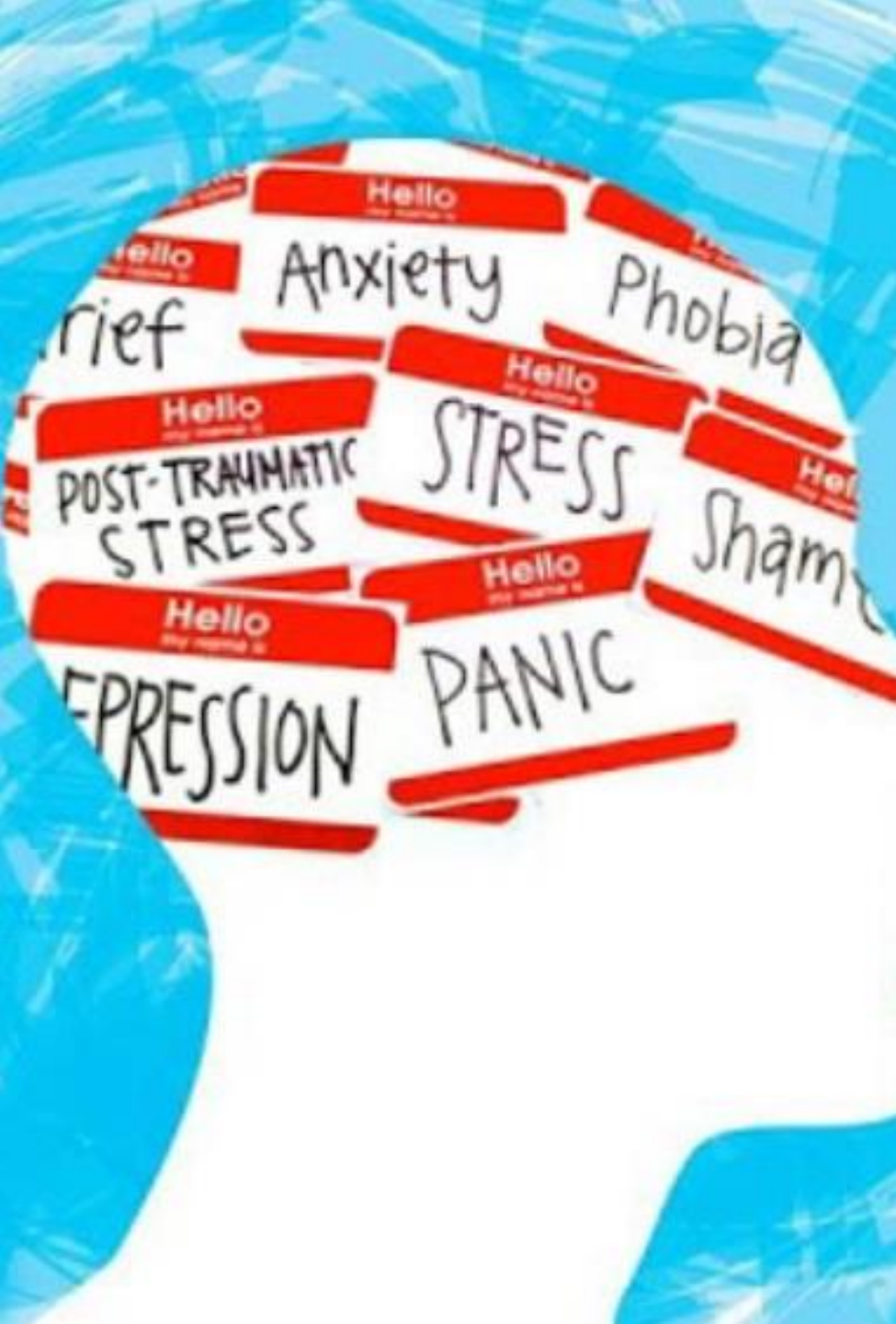
- 1) be knowledgeable about the impacts that trauma has in the lives of students
- 2) understand the different ways in which trauma can manifest
- 3) will know how to locate supports for implementing trauma informed practices, both in schools and in disability related service organizations.

WELCOME!

Jessica Zanton, PhD  
Assistant Professor  
Eastern Illinois University







## WHAT IS TRAUMA?

- “An event, a series of events, or a set of circumstances that is *experienced* by the individual as physically or emotionally harmful or life threatening”
- An objective AND subjective experience
- The greater the perception of threat to life, bodily integrity, or sanity, in response to an event, the greater the experience of trauma

## SUBJECTIVITY

“It’s not the objective facts that determine whether an event is traumatic, but the person’s subjective emotional experience of the event.”



# WHAT IS TRAUMA?

Type 1—single incident

Type 2—complex/developmental trauma

- Sustained over time
- Usually in childhood
- Usually by someone in a close relationship
- Escape is “difficult or impossible”



WHAT IS TRAUMATIC?

## **Witnessing Violence**

(personal, domestic, community)

## **Abuse**

(physical, sexual, psychological)

## **Neglect**

(physical, social, emotional)

## **Loss**

(freedom, mobility, close person, health)



POLL: HOW  
WERE YOU  
MADE AWARE  
OF  
TRAUMATIC  
EVENTS THAT  
HAVE  
IMPACTED  
YOUR  
STUDENTS?

Parents shared about prior trauma.

Students shared about prior trauma.

IEP indicated prior trauma.

Other

None of the above.

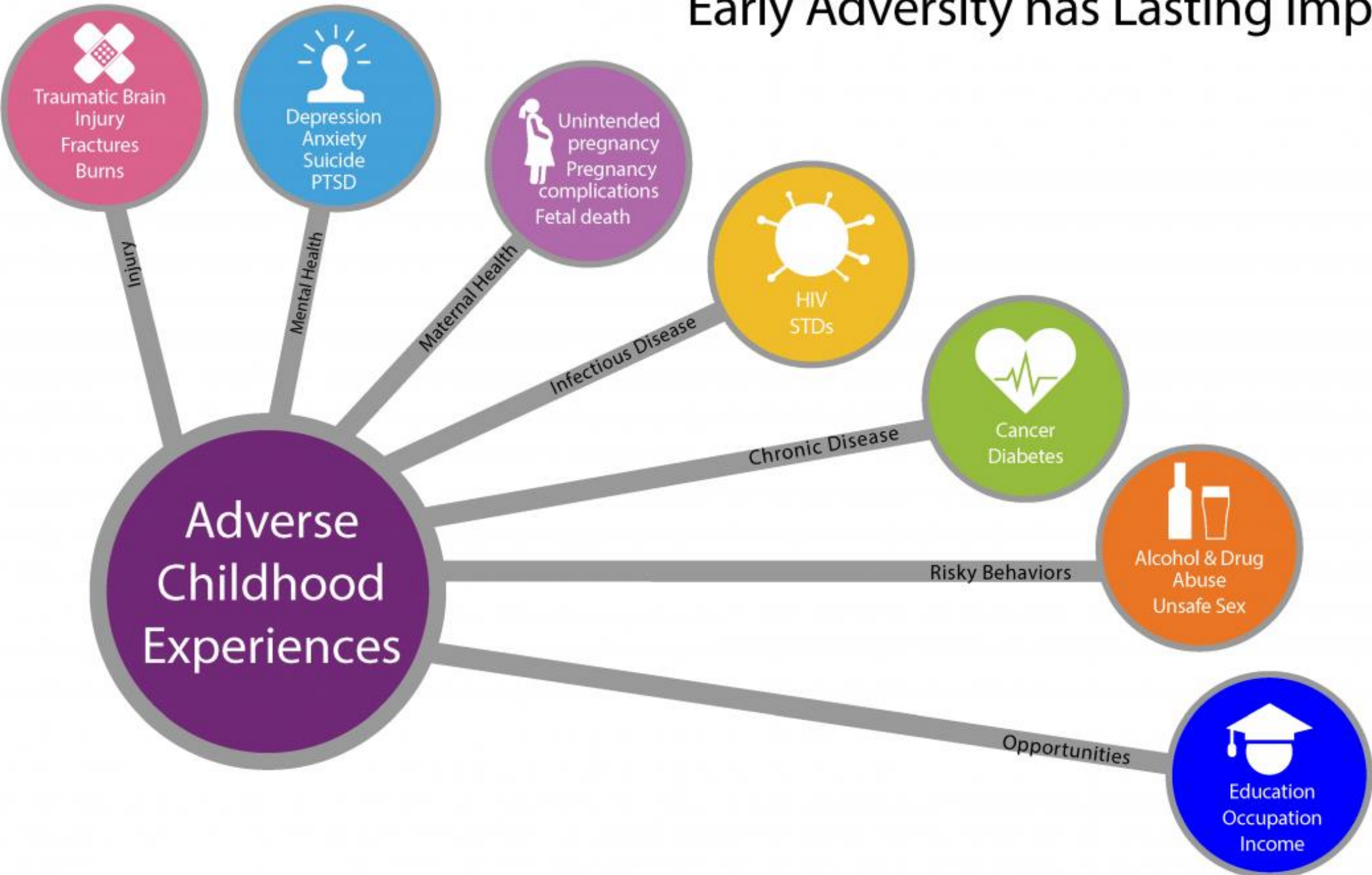
# WHAT IS TRAUMATIC?

**Big T:**  
life-threatening events  
(war, rape, torture)

**Little T:**  
stressful events that affect our  
physiology and neurology  
(bullying, neglect, exposure to  
violence)

EARLY TRAUMA HAS LASTING  
IMPACTS

# Early Adversity has Lasting Impacts



THE CDC-KAISER PERMANENTE  
ADVERSE CHILDHOOD  
EXPERIENCES (ACE) STUDY

# ADVERSE CHILDHOOD EXPERIENCES

## Adverse Childhood Experiences (ACE) Study

Having a family member attempt or die by suicide

Growing up in a household where there is:

- Substance abuse

- Mental health problems

- Parental separation

- Household members in jail/prison



## WHAT DID THE ACES STUDY SHOW?

- 61% of adults across 25 states reported at least one type of ACE
- 1 in 6 reported four or more types of ACEs
- Having 4+ ACEs increases chances of chronic health, mental illness, and substance abuse problems in adulthood
- “Emotional” problems have “physical” impacts

## WHY ARE CHILDREN AT RISK?

Young children perceive different events as life-threatening

Children have less power and control over their lives

Trauma to developing brains alters the youth's development

# THE IMPACT OF TRAUMA

Body is on the lookout for danger (triggers)

Arousal “set-points” are fixed (too much, too little)

Distortion to the perceptions of people and events

Limited capacity for flexible thinking and creative problem solving

Physical discomfort symptoms

TRAUMAS AND INDIVIDUALS  
WITH ASD AND I/DD

## TRAUMA AND DISABILITY

Youth with disabilities experience higher rates of traumatic events than their peers.

Children with autism spectrum disorder and learning disabilities have higher risks for maltreatment (MacDonnell et al., 2019)

The Spectrum Institute (2013) found that 70% of respondents with disabilities reported being victim of abuse, and of those, 90% had experienced abuse multiple times.

Women with intellectual disabilities who are in relationships “are much more likely to have been sexually assaulted and/or forced into unwanted sexual activity” (Skelly, 2021, p. 2).

# INTELLECTUAL DISABILITIES

- Level of ID influences expression of symptoms
- Trauma is expressed behaviorally and emotionally, rather than cognitively
- Trauma results in significantly increased rates of aggression, self-injurious behaviors, psychological stress
- For those with severe/profound ID: the key signs of abuse included a “deterioration of adaptive skills and behavior immediately following the abuse”



# INTELLECTUAL DISABILITIES

- The experience of living with a significant disability can lead to experiences perceived as traumatic:
  - Limited self-determination skills
  - Limited emotional regulation skills
  - Not able to predict harm as easily
  - Needing support from others
  - Feeling different

# AUTISM

- People with autism have an increased risk of traumatic experiences (increased ACEs)
- Children with autism have more than double the risk of youth protective services referrals – but reports are less likely to be investigated
- 3-4 times more likely to be bullied (40-90% of children with autism, compared to 40% of neurotypical children)

# AUTISM

- If the definition of trauma is loosened “to include stressful life events, for example, parental divorce/separation or failing a school test”...
  - +50% ASD reported traumatic event in their lifetime that was interpreted as traumatic

# AUTISM

“In speaking with people with ASD about traumatic experiences, Dr. Kerns has heard ‘everything from sexual abuse, emotional abuse and horrendous bullying, to much broader concepts, like **what it’s like to go around your whole life in a world where you have 50% less input than everyone else because you have social deficits. Or feeling constantly overwhelmed by sensory experience – feeling marginalized in our society because you’re somebody with differences.**’”

# AUTISM

- Peri-Trauma factors: overwhelming fear response, visual and detail-focused processing (especially of sensory features)
- Post-trauma factors: negative/catastrophic appraisals, ruminations, suppression, avoidance, social withdrawal, emotional regulation

# Autistic Traits (innate divergence) vs Autistic Trauma (distress symptoms)

- Hyper-sensitivity (beyond the **typical** population)
- Stimming, using movement to regulate
- Meltdowns
- Avoidance of eye contact
- Avoidance of sensory-averse experiences
- Needing support with daily tasks from people, technology, or animals
- High need for autonomy; **external** demand avoidance
- Bottom up processing / sensory-verbal processing
- Atypical expressions of emotion
- Behaviors correspond to neuroception of stress or safety
- Neurodevelopmental disabilities\* and/or learning disabilities\*
- Difficulty with change/transitions
- Restricted interests
- Monotropic attention

- Hyper-sensitivity (beyond the **individual's** baseline),
- Repressed stims, Inability to regulate with body movement
- Shame spirals, Shutdowns
- Forced, inauthentic eye contact
- Submission to sensory-averse experiences
- Unmet needs, Conditioned independence with extreme energy cost (burnout will follow)
- **Internal** demand avoidance (f/f/f response to things we want to do)
- Hypo-sensitivity, Dissociation, Mind-body disconnection
- Repressed emotions
- Masking (subconsciously hiding distress or atypical behaviors)
- Hidden disabilities, Autoimmune conditions, Dysautonomia
- Disabling anxiety or depression
- Mania, Psychosis, Self-harm
- Negative self image

\*disability is caused by lack of support for individual developmental differences or impairments

**Healing developmental trauma does not make an autistic person more typical. Trauma interventions can increase an autistic person's atypical behaviors as they re-connect with their genetically divergent bodymind. Autistic individuals may need more support after trauma interventions, not less.**





# EDUCATIONAL IMPACTS

## WHAT DOES THIS LOOK LIKE IN THE CLASSROOM?

- Attention Problems and Executive Functioning Problems
- Diminished Language Competency
- Behavioral Dysregulation
- Anxiety, Depression, Self-Injurious Behaviors
- Learning Issues
- Social Skills Difficulties
- Compliance
- Dissociation

## TRAUMA AND BEHAVIOR

- Individuals who have experienced trauma can exhibit behaviors that can be disrupting in school settings, property destruction, noncompliance, aggression, or escape behaviors.
- These behaviors can even look like mental health disorders, like obsessive behavior, paranoia, or schizophrenia.
- In reality, students are dealing with a form of Post-traumatic Stress Disorder and should be treated by educators as such.

BEHAVIOR  
RESPONSES AS  
TRAUMATIC  
EVENTS

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Negative interactions with trusted adults

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Contact with law enforcement

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Seclusion

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Restraint

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Suspension & expulsion

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Incarceration

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Isolation

## SO...NOW WHAT DO WE DO?

- Teach skills:
  - Academic
  - Executive Functioning
  - Social Behaviors
  - Emotional Behaviors
- Build Resiliency:
  - Psychosocial support (caregiver and community)
  - Sense of mastery

## BEING TRAUMA-INFORMED

Trauma-informed practices are not a specific set of actions, but a rather a set of services, supports, and principles rooted in empathy. Trauma-informed practices shift the focus of interventions from “*What’s wrong with you?*” to “*What happened to you?*”

## HOW ABOUT IN SCHOOLS?

- Consider the youth's learning profile
- Be sensitive to the youth's stress-response style (fight, flight, freeze?)
- Direct approach to stress response—validation and modification, not “don't worry”
- Remember when youth go into survival mode (triggered), they cannot access higher-level skills, like language
- Teach youth to identify their emotional state and be self-advocates
- Avoid isolated time out and physical restraint

## ECOLOGICAL FIT

- Enhance the environment-person relationships
  - reduce isolation, support social competence, coping skills, and belongingness in social contexts
- Interventions last by becoming embedded in social settings and community contexts
- Often school environments offer special education services but no ecological fit
  - pullout sessions, no training on neurodiversity— isolation



## NEURODIVERSITY-AFFIRMING APPROACHES

- Modify the environment and provide supports rather than the student having to change
- View challenges as problems to be solved
- Understand and teach self-regulations skills
- Help students identify sensory processing/soothing techniques
- Have spaces without “visual noise”
- Present information visually

## NEURODIVERSITY-AFFIRMING APPROACHES

- Provide options for individual or group work
- Provide explicit expectations for all tasks
- Encourage respect and understanding from NT peers
- Honor multiple ways to demonstrate understanding
- Have patience for slow processing

**POLL: HOW  
WILL THE  
INFORMATION  
YOU LEARNED  
TODAY IMPACT  
FUTURE  
INTERACTIONS  
WITH YOUR  
STUDENTS?**

Teach coping and self-regulation strategies

Provide a calming area for students

Make positive connections with students

All of the Above

Other

# RESOURCES

**PACEs in Education**  
A group to share ideas on mitigating the effects of adverse childhood experiences in the K-12 environment.



Trauma Geek



**STIMPUNKS**  
Stimpunks Foundation  
Mutual Aid and Human-Centered Learning for Neurodivergent and Disabled People



Helping Traumatized Children Learn



ascd

## WHERE TO FIND RESOURCES

PACEs

<https://www.pacesconnection.com/g/aces-in-education/blog/resource-list-trauma-informed-approaches-and-autism-spectrum-and-other-developmental-disabilities-1>

Traumatic stress institute

<https://www.traumaticstressinstitute.org/trauma-and-developmental-disabilities/>

Trauma Geek

<https://www.traumageek.com/>

StimPunks

<https://stimpunks.org/space/human/>

ASCD

<https://www.ascd.org/el/articles/supporting-students-with-disabilities-in-trauma-sensitive-schools>

YOUR THOUGHTS AND EXPERIENCES?  
QUESTIONS?



## CONTACT INFORMATION

Jessica Zanton, PhD  
Department of Special Education  
Eastern Illinois University  
Charleston, IL

[jjzanton@eiu.edu](mailto:jjzanton@eiu.edu)

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