

# WHAT HAPPENED TO THEM, NOT WHAT'S WRONG WITH THEM: IDD-SPECIFIC TRAUMA AND SOMATIC REGULATION AS THE GATEWAY TO COPING

KAYLA HONAKER, MSW, LCSW, RBC



# KAYLA HONAKER, MSW, LCSW, RBC

Studied at Indiana University of Indianapolis
Masters of Social Work
Licensed Clinical Social Worker



Behavior Support Specialist- Opportunities for Positive Growth
Private Practice Telehealth Therapist

Wife/Mom of 1
2 Dogs
Legal Guardian of Brother with Autism

# LEARNING OBJECTIVES

1. Identify trauma types uniquely experienced by people with IDD, including diagnostic overshadowing, systemic trauma, dependency-based abuse, and disability-related grief, that differ meaningfully from trauma in the neurotypical population.
2. Explain the neurobiological basis of trauma response through the lens of fight, flight, and freeze responses and the autonomic nervous system, and articulate why somatic regulation must precede the introduction of cognitive coping skills for people with IDD.
3. Differentiate between coping and regulation.
4. Learn somatic regulation strategies adaptable across varying communication and cognitive levels within the IDD population.
5. Implement strategies into practice by reflecting trauma and regulation techniques in the behavior plan and in session.

**WHAT HAPPENED TO THEM,**

**NOT WHAT'S WRONG WITH THEM**

# BEHAVIOR PLAN CONNECTION




TIME MANAGEMENT

VERBAL AGGRESSION

ELOPEMENT

# TRAUMA IN THE SYSTEM

- 3-6x more likely to experience abuse or neglect than the general population (Hulbert-Williams et al., 2013)
- Up to 70% experience at least one traumatic event in their lifetime (Scotti et al., 2012)
- PTSD rates run 10-40%+ in some clinical settings (Daveney et al., 2019)
- Only ~4% of all IDD research even addresses trauma (Cook & Hole, 2021)
- Standard PTSD treatments were built on trials that excluded people with IDD (Moore et al., 2025)
- Trauma responses are frequently misread as "just part of the disability," delaying real support (Wilson et al., 2026)

# WHAT GETS MISSED

Staff Turnover

Disenfranchised Grief

Medical Trauma

Loss of Autonomy

Guardianship

Talked About, Not To

Emotion as Infraction

Food/Sensory Dismissal

Friedman, C. (2020)

# THE FLOOR HAS TO HOLD



# REGULATION FIRST



**Regulation (The Roots)**

The underlying nervous system capacity that determines whether you can reach for that tool at all. It's not a single skill, it's the ongoing state of the body and nervous system that either makes coping accessible or puts it out of reach entirely.

**Coping (The Plant)**

A tool you reach for in the moment, a conscious response to a specific stressor. It's something you do: use a fidget, take a break, ask for space. It requires enough available capacity in that moment to choose and use it.

Compas et al. (2014)

# WHY SOMATIC STRATEGIES WORK

- Trauma and dysregulation live in the body, not just the story
- Talk-based approaches require access that dysregulation removes
- Body-based approaches work directly with the nervous system
- No verbal narrative or insight required to work
- Accessible regardless of communication or cognitive level
- Regulation must happen before cognitive access is even possible

Grabbe & Miller-Karas, (2018)

# ASSESS. SUPPORT. TEACH.

**Assess**

- Baseline arousal state
- Early signs of dysregulation
- What's happening in the environment or routine
- Trauma history

**Support**

- Sensory strategies
- Predictable routines and transitions
- Co-regulation
- Environmental adjustments before dysregulation happens

**Teach**

- Coping skills, once regulation capacity is present
- Skills matched to the person's communication and cognitive level
- Practice during calm moments, not just crisis moments
- Reinforce the skill consistently across settings and staff

# INCREASING SUPPORT

- Meet needs where possible
- Sensory input
- Self-directed regulation (somatic techniques)
- Predictable routines & transition
- Co-regulation
- Environmental adjustments

(Bestbier & Williams, 2017; Piller et al., 2025; Camino-Alarcón et al., 2024; Lyu et al., 2025; Northrup et al., 2025; Hardy & LaGasse, 2013)

# REGULATION STRATEGIES

Butterfly Tap

Lip Tracing

Shake It Out

Big Body Movement

Grounding

Heart Hold

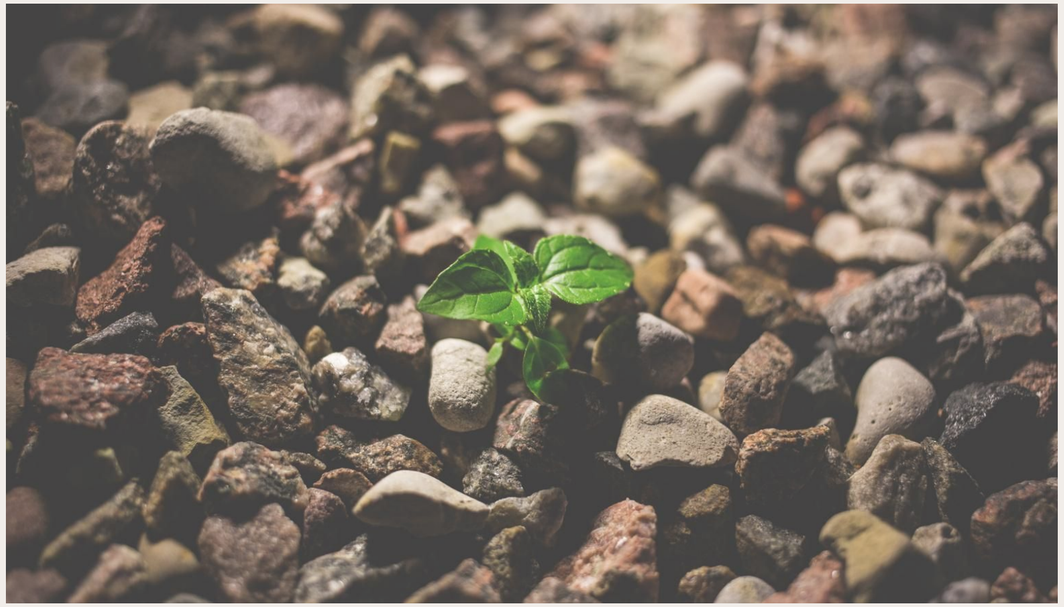
Humming /Singing

Straw Breathing

# INTENSE SENSORY REGULATION STRATEGIES

- Pushing or carrying something heavy
- Big, forceful movement (stomping, hitting a pillow, throwing soft items)
- Compression garments or resistance bands to pull against
- Vibrating items (vibration pillows or toys)
- Chewy tubes/chewelry
- Ice/Ice Packs - temperature shifts
- Fast spinning/rocking
- Destruction- tearing cardboard, stomping on bubble wrap
- Sour candy
- Crunchy snacks
- Blanket Cocoon

# ADAPTATIONS



- Rock the wheelchair back and forth
- Hand-over-hand tapping on shoulders or arms
- Hold a vibrating item or weighted pillow to their chest
- Gently guide their hand to their own chest for a heart hold
- Sway or rock them side to side if supported standing
- Press their palms together between your hands
- Guide their arms through a self-hug
- Hum or sing near them instead of having them do it
- Gently squeeze their hand or arm rhythmically

**GET CONSENT AND WATCH FOR CUES, AWLAYS**

CO-REGULATION REQUIRES NO ADAPTATION

# BEHAVIOR PLAN IN ACTION




## INTERFERING BEHAVIORS:

**Interfering Behavior #1:** Self-Injurious Behavior (Head Hitting) – (operational definition) – Olivia hits her head with an open or closed hand or will forcefully hit her head on  hard surfaces like a wall or the floor. She will often make 2-5 firm hits per instance of self-injury and will stop on her own without intervention. This most often happens when she's asked to complete a task, she's avoidant of, particularly household chores such as dishes, laundry, or cleaning her room and self-care tasks, such as showering, brushing her teeth, or getting dressed for the day.  Staff have also noticed it increases in frequency and intensity around the time of her menstrual cycle, suggesting a physical function layered on top of the demand-related triggers.

Olivia has a history of childhood abuse by a caregiver, and her team believes this contributes to how demands are experienced, with tone of voice and the way a request is delivered acting as a trigger separate from the task itself.

# BEHAVIOR PLAN IN ACTION




## INTERFERING BEHAVIORS:

**Interfering Behavior #1:** Emotional Expression Challenges – (operational definition) – Max has a hard time putting words to what he's feeling in the moment. Instead of telling someone he's frustrated, sad, or anxious, it tends to come out as shutting down, isolating himself, or getting short with people, without him really being able to say why. He will often mumble to himself and tell people to go away or curse at them under his breath.

Max has experienced a lot of staff turnover over the past several years, which has made him hesitant to open up or trust people. He's built relationships with staff before that left abruptly, which results in being more guarded with someone new.

# BEHAVIOR PLAN IN ACTION




## POSITIVE BEHAVIORS TO INCREASE:

**Positive Behavior #1:** Increased Regulation and Coping Skills – (operational definition) – BSS will support Olivia in learning about regulation and coping strategies. She will practice them with her support team, participate in scheduled regulation activities throughout her day, and building toward using these skills more consistently in moments of stress or demand. BSS will focus on introducing regulation strategies during calm moments, practicing alongside support staff through modeling and hands-on repetition, and gradually building her comfort and consistency with these tools so they're more accessible to her during moments of demand or distress. Teaching methods may include worksheets, videos, games, or other supportive materials. BSS will also work on replacing self-harm with harm reduction-strategies that are based in somatic techniques.

# BEHAVIOR PLAN IN ACTION




## POSITIVE BEHAVIORS TO INCREASE:

**Positive Behavior #1**: Improved Emotional Expression and Regulation – (operational definition) – BSS will support Max in learning to identify and express his emotions more directly, communicate his emotions with his support team, and building regulation skills. Max will work to build consistent, trusting relationships with familiar staff, learn about emotional identification and expression, and practicing regulation strategies. BSS will teach Max these skills by participating in practice scenarios, real-life feedback, worksheets, videos, games, and other support materials. He will learn regulation strategies to assist him in feeling safe within his home and practice them with this BSS, his support staff, and independently as he gains confidence in his skills.

# BEHAVIOR PLAN IN ACTION




## PROACTIVE SUPPORTS:

- Provide advance notice before transitions or new demands, giving Olivia time to prepare rather than being asked abruptly.
- Use a calm, gentle tone of voice when delivering any request, and avoid raised volume or a rushed pace, given the connection between tone and her trauma history.
- Offer choices within tasks where possible (order of chores, which self-care task to start with) to give her a sense of control rather than a demand being placed on her.
- Break down chores and self-care tasks into smaller, more manageable steps rather than presenting them as one large expectation.
- Use visual supports (schedules, picture cues, timers) to reinforce what's coming next.
- Follow a sensory and regulation schedule that includes breaks throughout the day, rather than waiting until distress is already building.
- Practice harm-reduction regulation strategies, such as head pressure with rocking (place palm on both side of head near temple, apply firm pressure, rocking back and forth), rhythmic chest pounding with rocking, or intense head shaking.
- Keep environments low in unnecessary noise or chaos, particularly during self-care routines.
- Reinforce and acknowledge Olivia's attempts at communication or self-regulation, even small ones, to build trust that her needs will be heard.
- Avoid physical guidance or hands-on prompting unless clearly requested by Olivia. Ensure Olivia gives explicit consent for

# BEHAVIOR PLAN IN ACTION




## PROACTIVE SUPPORTS:

- Maintain consistent, familiar staff scheduling wherever possible, since trust and predictability are foundational to Max opening up.
- Check in with Max regularly during calm moments, not just when he seems upset, so emotional conversation doesn't only happen during crisis.
- Use low-pressure entry points for emotional expression, such as worksheets, games, or side-by-side conversation rather than direct face-to-face questioning.
- Model emotional labeling and regulation openly, staff naming their own feelings and coping in the moment, so Max has examples to learn from.
- Offer scheduled, predictable opportunities to practice communication and regulation skills, rather than only addressing them reactively.
- Build in sensory regulation activities throughout Max's day as a routine part of his schedule that promotes a feeling of safety.
  - Max loves a tight blanket cocoon in bed for short periods of time as it makes him feels safe.
  - He also loves self-directed deep pressure hugs, weighted blankets, and rhythmic rocking.
- Give Max time to process and respond rather than expecting an immediate answer when asked how he's feeling.
- Avoid pushing for disclosure or explanation before he's ready, respecting that trust with new or less familiar staff takes time to build.
- Reinforce any attempt at emotional expression, even indirect or nonverbal ones, to build confidence that expressing himself is safe.
- Provide opportunities for relationship building with staff that are new to his home. Max loves to play games, cook, and make crafts.

# BEHAVIOR PLAN IN ACTION




## REACTIVE STRATEGIES:

- Use a non-defensive body stance and calm, non-threatening language, avoid sudden movements or a rushed approach.
- Use response-blocking with a soft pillow if needed to prevent injury from head contact with the wall or floor.
- Keep your voice low and calm, and drop all demands immediately, do not revisit the original task or provide feedback.
- Respect her physical space and refrain from any physical contact.
- Once Olivia is safe, grab an ice pack from the freezer and set it near her. Do not provide instructions or demands.
- Giving her ample space and lower your body position below hers (sitting in a chair or on the floor) to reduce any sense of threat. Olivia is not physically aggressive with others so you will be safe in this technique.
- Begin modeling a familiar harm-reduction technique. Follow these steps:
  - Place a separate ice pack on your chest and start rocking back and forth.
  - Begin deep breaths - in through your nose out through your mouth.
- Ask no questions, avoid requiring explanation or eye contact before she's ready.
- Offer co-regulation; a calm, steady presence and low, even tone, letting your own regulated state support hers.
- If Olivia does not join in with you, that is okay. Wait until she has regulated herself and then ask her if you can assist her in these strategies.
- Choose another less intense regulation activity to transition into, such as humming or butterfly tapping.
- As Olivia begins to settle, gently transition from regulation into a familiar coping strategy, offering it as a choice rather than a direction, to help her move from calming her body toward re-engaging with her day.

# BEHAVIOR PLAN IN ACTION




## REACTIVE STRATEGIES:

- Give Max space rather than pressing for conversation the moment he shuts down or withdraws, avoid crowding him physically or verbally.
- Stay nearby without demanding interaction, let your presence, not words, signal that you're available when he's ready.
- Lower your presence. Standing over Max makes him feel threatened and unsafe. Crouch near him or sit next to him when attempting to support him.
- Keep your tone calm and low-key, avoid sounding frustrated or rushed even if his response feels abrupt
- Offer co-regulation, a calm, steady presence and even tone.
- Avoid taking withdrawal or irritability personally, this is regulation-seeking, not defiance, and reacting with matching irritation will reinforce his hesitancy to trust you.
- If Max is open to it, offer a familiar somatic grounding technique as a bridge back toward regulation, without requiring him to talk first
    - Demonstrate a few dragon breaths, heart hold with gentle rocking, or set out his weighted blanket. Give him space if needed.
- As Max begins to settle, gently transition from regulation into an emotional expression or communication strategy, offering it as an invitation rather than a requirement. Provide Max his emotions visual chart and let him guide the conversation.
- Reinforce any movement toward expression, even small or indirect, with warmth rather than analysis or follow-up questions.
- Respect if Max is not receptive to communicating. Showing him respect will provide increased safety and possibility of him being able to communicate with you next time.

# RESOURCES

Mental Health Worksheets & Handouts – Mental Health Center Kids

Center for Intensive Behavior Supports (FREE)

Therapist Hub by Insight Timer (FREE)

Gentle Observations (Create account for many great FREE Resources. Paid resources also available.)

Mindful Thriving Kids (FREE)

Connected Families (FREE)

YouTube-@parentingneurodiversesouls



khonaker@opgrowth.com

## REFERENCES


BESTBIER, L., & WILLIAMS, T. I. (2017). THE IMMEDIATE EFFECTS OF DEEP PRESSURE ON YOUNG PEOPLE WITH AUTISM AND SEVERE INTELLECTUAL DIFFICULTIES: DEMONSTRATING INDIVIDUAL DIFFERENCES. OCCUPATIONAL THERAPY INTERNATIONAL, 2017, ARTICLE 7534972. HTTPS://DOI.ORG/10.1155/2017/7534972

CAMINO-ALARCÓN, J., ROBLES-BELLO, M. A., VALENCIA-NARANJO, N., & SARHANI-ROBLES, A. (2024). A SYSTEMATIC REVIEW OF TREATMENT FOR CHILDREN WITH AUTISM SPECTRUM DISORDER: THE SENSORY PROCESSING AND SENSORY INTEGRATION APPROACH. CHILDREN, 11(10), ARTICLE 1222. HTTPS://DOI.ORG/10.3390/CHILDREN11101222

COMPAS, B. E., JASER, S. S., DUNBAR, J. P., WATSON, K. H., BETTIS, A. H., GRUHN, M. A., & WILLIAMS, E. K. (2014). COPING AND EMOTION REGULATION FROM CHILDHOOD TO EARLY ADULTHOOD: POINTS OF CONVERGENCE AND DIVERGENCE. AUSTRALIAN JOURNAL OF PSYCHOLOGY, 66(2), 71-81. HTTPS://DOI.ORG/10.1111/AJPY.12043

COOK, S., & HOLE, R. (2021). TRAUMA, INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITY, AND MULTIPLE, COMPLEX NEEDS: A SCOPING REVIEW OF THE LITERATURE. RESEARCH IN DEVELOPMENTAL DISABILITIES, 115, ARTICLE 103939. HTTPS://DOI.ORG/10.1016/J.RIDD.2021.103939

CRABB, C. (2018). RESTRAINT, RESTRICTIVE INTERVENTION, AND SECLUSION OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, 56(3), 171-187. HTTPS://DOI.ORG/10.1352/1934-9556-56.3.171

DAVENEY, J., HASSIOTIS, A., KATONA, C., MATCHAM, F., & SEN, P. (2019). ASCERTAINMENT AND PREVALENCE OF POST-TRAUMATIC STRESS DISORDER (PTSD) IN PEOPLE WITH INTELLECTUAL DISABILITIES. JOURNAL OF MENTAL HEALTH RESEARCH IN INTELLECTUAL DISABILITIES, 12(3-4), 211-233. HTTPS://DOI.ORG/10.1080/19315864.2019.1637979

FRIEDMAN, C. (2020). THE IMPACT OF DIRECT SUPPORT PROFESSIONAL TURNOVER ON THE HEALTH AND SAFETY OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. INCLUSION. ADVANCE ONLINE PUBLICATION.

GRABBE, L., & MILLER-KARAS, E. (2018). THE TRAUMA RESILIENCY MODEL: A "BOTTOM-UP" INTERVENTION FOR TRAUMA PSYCHOTHERAPY. JOURNAL OF THE AMERICAN PSYCHIATRIC NURSES ASSOCIATION, 24(1), 76-84. HTTPS://DOI.ORG/10.1177/1078390317745133

HARDY, M. W., & LAGASSE, A. B. (2013). RHYTHM, MOVEMENT, AND AUTISM: USING RHYTHMIC REHABILITATION RESEARCH AS A MODEL FOR AUTISM. FRONTIERS IN INTEGRATIVE NEUROSCIENCE, 7, ARTICLE 19. HTTPS://DOI.ORG/10.3389/FNINT.2013.00019

LINEHAN, M. M. (2015). DBT SKILLS TRAINING MANUAL (2ND ED.). GUILFORD PRESS.

LYU, B., BA, Y., MA, D., LIU, N., FU, L., & XUE, Y. (2025). EFFECTIVENESS OF SENSORY INTEGRATION-BASED INTERVENTION IN AUTISTIC CHILDREN, FOCUSING ON CHINESE CHILDREN: A SYSTEMATIC REVIEW AND META-ANALYSIS. FRONTIERS IN PSYCHIATRY, 16, ARTICLE 1623149. HTTPS://DOI.ORG/10.3389/FPSYT.2025.1623149

MCNALLY, P., TAGGART, L., & SHEVLIN, M. (2021). TRAUMA EXPERIENCES OF PEOPLE WITH AN INTELLECTUAL DISABILITY AND THEIR IMPLICATIONS: A SCOPING REVIEW. JOURNAL OF APPLIED RESEARCH IN INTELLECTUAL DISABILITIES, 34(4), 927-949. HTTPS://DOI.ORG/10.1111/JAR.12872

MÉRINEAU-CÔTÉ, J., & MORIN, D. (2014). CORRELATES OF RESTRAINT AND SECLUSION FOR ADULTS WITH INTELLECTUAL DISABILITIES IN COMMUNITY SERVICES. JOURNAL OF APPLIED RESEARCH IN INTELLECTUAL DISABILITIES, 27(5), 447-457. HTTPS://DOI.ORG/10.1111/JAR.12069

MOORE, Z. F., WRIGHT, A. W., LESLIE, C. E., D'AGUILAR, A., AMSTADTER, A. B., & BROWN, R. C. (2025). A CALL FOR INCLUSION: CHILDREN WITH INTELLECTUAL DISABILITIES IN TRAUMA TREATMENT RESEARCH. JOURNAL OF INTELLECTUAL DISABILITY RESEARCH, 69(12), 1272-1283. HTTPS://DOI.ORG/10.1111/JIR.70011

MORRIS, I. F., SYKES, J. R., PAULUS, E. R., DAMEH, A., RAZZAQUE, A., VANDER ESCH, L., GRUENIG, J., & ZELAZO, P. D. (2025). BEYOND SELF-REGULATION: AUTISTIC EXPERIENCES AND PERCEPTIONS OF STIMMING. NEURODIVERSITY, 3, ARTICLE 27546330241311096. HTTPS://DOI.ORG/10.1177/27546330241311096

NORTHRUP, J. B., NUSKE, H. J., HIPWELL, A. E., & MAZEFSKY, C. A. (2025). REVIEW AND DEVELOPMENTAL MODEL: EARLY CHILDHOOD EMOTION REGULATION AND CO-REGULATION IN AUTISM. JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, 65(4), 527-538. HTTPS://DOI.ORG/10.1016/J.JAAC.2025.07.1063

PIAZZA, C. C., ADELINIS, J. D., HANLEY, G. P., GOH, H.-L., & DELIA, M. D. (2000). AN EVALUATION OF THE EFFECTS OF MATCHED STIMULI ON BEHAVIORS MAINTAINED BY AUTOMATIC REINFORCEMENT. JOURNAL OF APPLIED BEHAVIOR ANALYSIS, 33(1), 13-27. HTTPS://DOI.ORG/10.1901/JABA.2000.33-13

PILLER, A., MCHUGH CONLIN, J., GLENNON, T. J., ANDELIN, L., AULD-WRIGHT, K., TENG, K., & TARVER, T. (2025). SYSTEMATIC REVIEW OF SENSORY-BASED INTERVENTIONS FOR CHILDREN AND YOUTH (2015-2024). FRONTIERS IN PEDIATRICS, 13, ARTICLE 1720179. HTTPS://DOI.ORG/10.3389/FPED.2025.1720179

SHIELDS, G. S., SAZMA, M. A., & YONELINAS, A. P. (2016). THE EFFECTS OF ACUTE STRESS ON CORE EXECUTIVE FUNCTIONS: A META-ANALYSIS AND COMPARISON WITH CORTISOL. NEUROSCIENCE & BIOBEHAVIORAL REVIEWS, 68, 651-668. HTTPS://DOI.ORG/10.1016/J.NEUBIOREV.2016.06.038

WILSON, C., BRODIE, Z. P., & RUSSELL, K. (2026). TRAUMA-INFORMED PRACTICE FOR CHILDREN AND YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES: A SCOPING REVIEW. BRITISH JOURNAL OF EDUCATIONAL PSYCHOLOGY, 96, 207-239. HTTPS://DOI.ORG/10.1111/BJEP.70011