

Enabling Faith: Ministry with Children and Teens in a Disabling World

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Abstract: The church is not who it is intended to be without all people present, this includes children and teens with disabilities. This has not always been the case. In fact, in some places it is still not the case. Even when unintentional, the lack of hospitality for all people is deeply woven into historic theology. This, however, is changing, and that is a reason to celebrate. This article can help move the conversation forward toward inclusion and belonging for all people, starting with children and adolescents with disabilities. The first section sets out the foundation with a brief look at terms including development, disability, and trauma. Next is a brief look at how executive functioning is impacted by disability and trauma in the lives of children and adolescents. While this can all feel overwhelming and hopeless, the next section considers how the church already has theology and practices that support positive change. Finally, the article finishes off with a brief consideration of some best practices to guide future research and actions.

Keywords: disability, theology, youth, post-traumatic growth, trauma.

Introduction

Barriers to entry are not always obvious. Until they are. The challenge is that those who can point out the barriers are the ones for whom the barrier is the problem and, consequently, are not the ones whose voices carry less weight simply because they have not yet entered. In the United States, for example, few would have considered entering a Post Office to be an act that required overcoming a barrier before 1990. After the Americans with Disabilities Act required the inclusion of ramps to public buildings, so that wheelchairs, for instance, could gain access, was that particular barrier removed. This obvious removal of a barrier is a simple example of what we can do in our churches and ministries, so long as we are able to listen to those pointing out barriers, to learn how best to remove and engage with the barriers and those now included, and to act in a way that enables faith. We live in a disabling world. Enabling faith requires more than saying be warm and well-fed, especially for those with disabilities. This paper sets the context for enabling faith in this disabling world.

Foundational Definitions

Development

Who we are as adults is a cumulative collection of our biology and cultural context that we experienced as children and adolescents. This is true all over the world in every time and setting. Developmental studies include biology, cognition, cultural beliefs, gender, family, concepts of the self, friendship, education, vocation, risks and rewards, health-physical and mental, love and sexuality, media, morality, and faith or religion.

For now, it is imperative to know that a disability is NOT the sum total of any child or adolescent's identity. Children and teens of all abilities have favorite movies, music, stories, sports, fashion, slang, and more that helps to orient their worlds. The very act of maturing is itself a developmental process. What is beloved at age eight may be abandoned at sixteen and this is appropriate. Behaviors and interests also change over time. Developmentalists call this process of maturing from childhood to adulthood "individuation." James Marcia asserts that this lifelong process occurs not in isolation but rather in community.¹ Peter Blos describes adolescent individuation "clinically and theoretically, in terms of progressive development."² Both developmentalists make room for cultural considerations, including for children and adolescents with disabilities. For those with disabilities, the development of their identity in community can be a process that either includes or excludes them over time.

Three questions emerged from research and have become guidelines for understanding children's transition to adolescence and ultimately adulthood. These are: Who am I? Do I matter? And where do I belong? These are universal questions. In other words, all young people are trying to find their place in this world individually and in community. Children with disabilities don't just want to watch their peers play, they want to play! Teens with disabilities don't just want to listen in from the margins, they want conversations and activities in which they can fully participate. They too are figuring out who they are, do they matter, and where they belong.

Disability

One understanding is that "A person with a disability is someone who: has a physical or mental impairment that substantially limits one or more major life activities, has a history or record of such an impairment (such as cancer that is in remission), or is perceived by others as having such an impairment (such as a person who has scars from a severe burn)."³ Note that there is a distinction between the impairment and how one's life is impacted and the response of the community around those with

¹ James Marcia, "The Empirical Study of Ego Identity," *Identity and Development: an interdisciplinary approach*, ed. Harke Bosma, Tobi Graffsma, Harold Grotevant, and David deLeVita (Thousand Oaks, CA: Sage, 1994), 70–72.

² Peter Blos, *The Adolescent Passage: Developmental Issues* (New York: International University Press, 1979), 141.

³ "Introduction to the Americans with Disabilities Act," ADA.gov, 26 September 2024, <https://www.ada.gov/topics/intro-to-ada/>.

impairments. In this case community is being used broadly to signify the responses of people to impairments but also buildings and accessibility, design for those with visual, auditory, or sensory impairments, and more. In other words, impairments are a reality for many people. The world was designed for the typically abled. This, perhaps unintentional design ethos is, in large part, the reason those with impairments are disabled. Accommodations are possible if they are known, valued, and prioritized.

Importantly, impairments will ultimately happen to all of us if we live long enough. Sooner or later, the need for accommodations will impact each person or someone they love. Some people are born with a congenital impairment, either physically, cognitively, emotionally, or some combination of the these. Others acquire an impairment through accident, illness, or experience. Finally, there are those who will acquire an impairment through the aging process with bodies breaking down. In this writing, disability and impairment will be utilized interchangeably with the understanding that the disabling comes from individual and communal responses to differing abilities.

Communal responses vary widely from working to include a differently abled person to isolating or belittling. The latter can lead to trauma or a traumatic response. In other words, an autistic child who has endured the loss of a parent and chronic toxic stress is also encountering trauma. They have a double struggle, autism AND trauma. It is not just their presenting disability that needs attention and accommodation. It is important to understand a few things about trauma and the complex layering of trauma with existing and acquired impairments when seeking to be a support and voice of hope.

Trauma

Understandings of trauma have evolved over time. In a clinical sense, trauma, or shell shock, made its appearance in 1915 to describe soldiers returning home from war who suffered from the loss of smell, taste, and even memory.⁴ After two world wars, shell shock was so prevalent that in the US, the National Mental Health Act was signed into law establishing the National Institute for Mental Health.⁵ The term shifted to Post-Traumatic Stress Disorder (PTSD) in 1980 with its inclusion in the *Diagnosics and Statistics Manual (DSM)* and finally in 1994 in the *International Classification of Diseases and Health Related Problems (ICD)*.⁶ While trauma diagnoses began with soldiers, it is now understood that it may be singular or chronic and toxic series of events. Clinically, trauma is either when an individual or communal encounter negatively impacts executive functioning.⁷ Examples of individual and communal experiences include abuse, natural disasters, war, homelessness, chronic toxic threats like bullying, and more. Based on this

⁴ Marc-Antoine Crocq and Louis Crocq, "From Shell Shock and War Neurosis to Posttraumatic Stress Disorder: A History of Psychotraumatology," *Dialogues in Clinical Neuroscience*, March 2000, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3181586/>.

⁵ "National Institute of Mental Health (NIMH)," *National Institutes of Health*, 19 August 2024, <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>.

⁶ Va.gov: Veterans Affairs, "PTSD History and Overview," 31 January 2007, https://www.ptsd.va.gov/professional/treat/essentials/history_ptsd.asp.

⁷ Executive functioning will be addressed a little later in this writing.

understanding of PTSD, almost every adolescent has either personally encountered a traumatic event or has known someone who has. Notably, the rates of trauma for those with disability are significantly higher than for typical children and youth.⁸ One measure of the negative trauma responses playing out globally are the increased rates of anxiety, depression, isolation, and lethargy among adolescents.⁹ It is no secret that violent and catastrophic events continue to happen generation after generation. This has left a world that is traumatized and traumatizing. It is a vicious cycle.

Fortunately, trauma is no longer stigmatized as much as it once was. Trauma studies include individual, historic, institutional, and global events. Importantly, not all difficult events count as trauma and what is traumatic for one person may differ from another. Specifically, trauma “shatter(s) all that one knows about the world and all the familiar ways of operating within it.”¹¹ Trauma can also come as ambiguous loss. “This includes personal, communal, and global losses due to separation of families, racial trauma, climate change, social connections, and more often tied to an unknown element such as when the struggle will end or the inability to experience closure.”¹² For those doing ministry with teens with disabilities in a traumatizing world, the temptation is to say it is not as bad as it seems when we know sometimes, it is! What is known is that acknowledgement of “trauma, the dynamics of traumatic wounding, response, processing, and resiliency and the variety of ways traumatic response is present in individual, society, and culture” is needed.¹³ With acknowledgement comes opportunities for change, resiliency, and post-traumatic growth. One way this take place is through executive functioning.

Impact on individuals

Executive Functioning

The growth of children and adolescents is being shaped by biology and culture. This is nothing new. What is new is an increasingly difficult and anxious world. Increased struggles bring traumatic experiences and chronic toxic stress. Each of these shows up similarly in neurological struggles, most notably executive functioning. When this

⁸ Zuyi Fang et al., “Global Estimates of Violence Against Children with Disabilities: An Updated Systematic Review and Meta-Analysis,” *The Lancet Child & Adolescent Health* 6, no. 5 (May 2022): 313–23, doi:10.1016/s2352-4642(22)00033-5.

⁹ The increase was enough for the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Mental Health Services (CMHS), UCLA, and Duke University to co-fund The National Child Traumatic Stress Network. The National Child Traumatic Stress Network, accessed 18 August 2024, <https://www.nctsn.org/>.

¹⁰ Europe has a long history of large-scale trauma. Understanding of this trauma has received attention in recent years. Ingo Schäfer, Manoëlle Hopchet, Naomi Vandamme, et al., “Trauma and Trauma Care in Europe,” *European Journal of Psychotraumatology* 9, no. 1 (1 January 2018), doi:10.1080/20008198.2018.1556553.

¹¹ Shelly Rambo and Catherine Keller, *Spirit and Trauma: A Theology of Remaining* (Louisville, Ky: Westminster John Knox Press, 2010), 4.

¹² Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World: The Hope of Post-Traumatic Growth,” *International Association for the Study of Youth Ministry* (lecture, Brunswick Parish Church, 5 January 2024).

¹³ Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma* (Eugene, OR: Cascade Books, an imprint of Wipf and Stock Publishers, 2018), 298.

happens, children and adolescents can simply look uninterested, distracted, belligerent, or rude among other negative behaviors. This makes teaching and mentoring of any kind a challenge. This is true for those with and without classically defined disabilities. First, a better understanding of executive functioning is needed.

Executive functions are a set of skills which “underlie the capacity to plan ahead and meet goals, display self-control, follow multiple-step directions even when interrupted, and stay focused despite distractions, among others.”¹⁴ “Core EFs are inhibition [response inhibition (self-control—resisting temptations and resisting acting impulsively) and interference control (selective attention and cognitive inhibition)], working memory, and cognitive flexibility (including creatively thinking “outside the box,” seeing anything from different perspectives, and quickly and flexibly adapting to changed circumstances).”¹⁵ What this means for a youth worker is that a child or youths behavior might not actually be a full indicator of what he or she thinks, believes, or values. Inexplicable or outsized responses occur baffling the adults around, but they are tied to the formation or lack of formation of executive functions. A youth may not like a game or song and rather than graciously declining or waiting for it to be over, she may scream or walk out of the room. Adults who care and work with young people will be better served when they know that the struggles displayed may not even be in their own conscious mind and they may genuinely not know why they behaved in a certain way.¹⁶

Commissioned to Response in a Disabling World

Jesus and Trauma

With so much struggle in the world and complicating factors for those with impairments, how can one respond? For Christians, Jesus models the response. Jesus had his own traumatic and disabling experience and it changed everything. He was betrayed, humiliated, and publicly tortured. It was traumatic for the community as well. They witnessed something horrific feeling powerless, frightened and ultimately hopeless as Jesus took his last breath on the cross. Serene Jones offers a helpful view for the community writing that “a traumatic event reconfigures the imagination, affecting our ability to tell stories about ourselves and our world that are life-giving and lead to our flourishing.”¹⁷ The global Christian community has a different understanding of hope because of the cross, not despite it.

¹⁴ “What Is Executive Function? How Executive Functioning Skills Affect Early Development,” Center on the Developing Child at Harvard University, 26 February 2024, <https://developingchild.harvard.edu/resources/what-is-executive-function-and-how-does-it-relate-to-child-development/>.

¹⁵ Adele Diamond, “Executive Functions,” *Annual Review of Psychology* 64, no. 1 (3 January 2013): 135–68, doi:10.1146/annurev-psych-113011-143750.

¹⁶ There is a great deal of neurological research and writings on executive functioning and lifelong impacts. The easiest access is <https://developingchild.harvard.edu/>, where you can find a wide variety of articles and research on this topic.

¹⁷ Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville, KY: Westminster John Knox, 2019), 20.

Jesus is crucified AND Jesus resurrects. Both are true. The disciples initially struggled to recognize Jesus after the resurrection both as they were enveloped in grief and Jesus now had disabling wounds. He “emerges from the tomb with a testimony of trauma engraved on his hands, feet, and side.”¹⁸ The resurrection however brought new life, new hope, and a new way of being. Traumatic events are all around. The youth who experience them may seem unrecognizable to someone you knew or what you expect from someone their age. “It is imperative to not gloss over what has been experienced, but to be with them, to be the adult offering guidance and love regardless of what is thrown at you. Just like the disciples, recognition may take some time and processing for a way forward to be found.”¹⁹ The way forward cannot be rushed, for young people or adults. “The challenge in addressing trauma is to continually resist the temptation to cover over—to elide—the suffering in an effort to witness it. The challenge is to attend to the ways in which violence continues to mark persona and communities after the violent event.”²⁰ With those with disabilities, there is often an impulse to protect or pretend that they do not fully experience struggles around them. What is more accurate is that children and youth with impairments not only experience struggles regularly, but that they often have no opportunity to process this leaving them to privately live with the paradox of hurt and the proclamation of hope within their churches and youth groups.

From Lament to Hope

Jesus shared his traumatic experience, before, during, and after with others. This moved His story from an individual one to a communal one. It also models His presence at every stage of our stories. We don't find Christ only when things are working out or solved. Christ is present in good times, bad times, and everything in between. As Christians, we too get to bear witness, to see and believe when someone shares their experience. When a teenager longs to have friends but shares that he is only teased or belittled with peers, it is an opportunity to provide a different experience of genuinely being seen and heard. It is an opportunity to follow in the ancient practice of lament. While often seen as negative, “lament only occurs when there is a belief that something is not as it should be. Once hope is gone, we may offer a dirge (a naming of a past wrong), complaint, or simply fall into a hopeless silence. Hope however invites lament and lament is the theological action that reminds all a different way of being is intended.”²¹ Lament is the declaration that hope is alive.

Hope is at the core of the Christian message. Hope also requires a theological imagination for the now and the not yet, for God's kingdom here as it is in heaven, for life to emerge from a valley of dry bones and after the most unsettling of deaths. The sacred and prophetic task of ministry is “to perform hope that is characteristically a

¹⁸ Amanda Hontz Drury, *Testimony and Trauma: Making Space for Healing* (Boulder, CO: Fortress Academic, 2021), 23.

¹⁹ Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

²⁰ Shelly Rambo and Catherine Keller, *Spirit and Trauma*, 12.

²¹ Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

tenacious act of imagination, grounded in a dream, song, narrative or oracle, rooted in the elusive but faithful authority of God.”²² God is ultimately, an unabashedly hopeful and invites us to be so too.

Hope is not a mere projection of good ideas into the future or simply a wish for a good outcome. Hope is an active orientation toward the good. It’s connected to personal agency, the ability to act and affect the future in a positive way. Nevertheless, hope is not tied solely to my ability to act. There’s a theological dimension. Hope says God is present – God who cares about the earth and cares about us and accompanies us in the midst of suffering. Hope reminds me to look beyond the current situation to a sustaining force.²³

Hope creates space for growth beyond the unthinkable. This can pave the path for what is known as post-traumatic growth.

Presumptions and practices

Post-Traumatic Growth

Growth can come in the most unexpected times and places. “Post-traumatic growth (PTG) is the product and process of having positive psychological changes following crises, chronic toxic stress, or other traumatizing encounters.”²⁴ For a long time the assumption was that PTSD was the end of the story. This is no longer the case. Generational struggles are not inevitable. Societies disabling attitudes and actions do not have to last forever. There is opportunity for real, positive growth!

Sometimes things have to be let go or even to die for something new to come. We know this in the crucifixion and resurrection of Christ. The question becomes “Is life, following “death” improved life. Do people grow and develop desirable capacities through experiencing trauma?”²⁵ A little more nuanced, “*can* people grow and develop desirable capacities through experiencing trauma?”²⁶ The answer is a resounding yes! While many factors are still unknown, PTG is possible with great patience and intentionality over time. In the current state of the world, trauma may not impact everyone, but it impacts more than we think. For this reason, it is best to offer a trauma informed approach for all you do as it will foster positive growth in those who were harmed and has no negative impact on those who were not. This work of faith formation is undergirded by the assumption that it is the world that does the disabling, the traumatizing and not that any child or youth needs is fundamentally the problem. It takes a fiercely positive view of youth development.

²² Walter Brueggemann, *Reality, Grief, Hope: three urgent prophetic tasks* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2014), 125.

²³ Almeda Wright, “Creating, Sustaining, Persisting: An interview with Almeda Wright,” *Yale University*, January 2020, <https://reflections.yale.edu/article/seeking-light-notes-hope/creating-sustaining-persisting-interview-almeda-wright>, accessed July 2024.

²⁴ Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

²⁵ Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma* (Waco, TX: Baylor Press, 2017), 5.

²⁶ Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

Positive Youth Development

Positive Youth Development (PYD) is a theoretical approach to working with young people that assumes they have something to contribute positively and are not just problems to be solved.²⁷ It is an integrative approach stemming from positive psychology that assumes every person, including those with disabilities, has a strength or something to contribute in this world.²⁸ As Christians, it is an invitation to truly live out I Corinthians 12:15-26. Everyone has worth and a place in the community of Christ. Sometimes this requires the adults involved to work with children and teens with disabilities to discover their strengths, sometimes it requires the adults to get out of the way and let their strengths shine! One such example is when working with those with Autism Spectrum Disorder.

Caregivers and therapist often overlook the strengths of children with ASD... There are many strengths attributed to individuals diagnosed with ASD, all these strengths may not be in each individual, but it is important to discover their strengths. Often individuals with ASD are visual learners and show typical or even advanced visual-spatial processing details (Kumar, 2013). While autobiographical memory is often a challenge, rote memory is often a strength (Peterson et al., 2019). Many individuals with autism can tell you every exit on the freeway to their favorite destination. Others can recite lines from movies or music.²⁹

It can be a natural reaction for leaders to see limitations first or only limitations. The invitation, is to see each individual, made in God's image, with something to contribute.

A caution is needed around seeing all people, with all abilities, as valuable and belonging. Not everyone will share this view. Some will find it frustrating to ask to have a song turned down, or to allow someone to pace during church, or to hear once again about the same topic over and over someone hyper fixates. Some people disagree with the majority having to shift for a few to have access to the same spaces of worship or will say that someone is distracting their worship. This is a real conversation and adjustment that differs from community to community. It does not mean it should not happen, but there is no singular way of accommodating for all impairments in all places.

Choice Theory

There are commonalities that all people share. One such list of commonalities come from the therapeutic orientation of Choice Theory (CT). "Choice Theory is based on the simple premise that every individual only has the power to control themselves

²⁷ While there are many organizations that utilize PYD as a theoretical orientation, Search Institute has decades of research, curriculum, and trainings focused on children and youth from this perspective, <https://searchinstitute.org/mission-vision-values>

²⁸ Daniel T. L. Shek et al., "Positive Youth Development: Current Perspectives" *Adolescent Health, Medicine and Therapeutics* Volume 10 (September 2019): 131-141, doi:10.2147/ahmt.s179946.

²⁹ Justin S. Romney and Miranda Garcia, "TF-CBT Informed Teletherapy for Children with Autism and Their Families," *Journal of Child & Adolescent Trauma* 14, no. 3 (20 April 2021): 415-24, doi:10.1007/s40653-021-00354-0.

and has limited power to control others.”³⁰ Glasser focuses on five basic needs that are particularly helpful for considering best practices with children and adolescents with disabilities. These five needs are *survival, love and belonging, power, freedom, and fun*. While there is much to say for each of these, for this writing, the focus is on fun! Ministry should have elements of fun. Fun includes play, humor, relaxation, and engaged learning. Of course, it is important to respect and to teach reverence, but Christ has also called us to an abundant life. Even as the struggles and the horror of the world encroach, the Joy of the Lord is our strength (Nehemiah 8:10). It is a sort of secret weapon when the world is falling apart. Joy is more than an emotion and comes from the Lord. Pragmatically, this means for youth with bodies that betray them, a world that is disabling, and a society that is breaking, perhaps the most holy thing to do is play and laugh. Not every moment has to be serious. In youth ministry, play is the holy act of living out a glimpse of what one day will come on earth as in heaven. As games and activities are planned, be certain that allergies, abilities, and interests are considered. None of these need be elaborate or expensive, and sincere effort is typically rewarded.

Ministry Must Be iIntentional

The baseline best practice is relentless consistency. Deuteronomy 6:4-9, known as the Shema, reminds us to talk about the ways of God when we walk, when we sit, in the morning, and the evening. It is lovely poetic language to remind us all that the ways of God aren't a once a week isolated teaching, rather a life orienting way of being. It becomes part of the very rhythm and rituals that make up our everyday lives. Even when a child, adolescent, or family cannot be present, knowing that the ministry is still there is a stabilizing force. This is important to remember that those with disabilities face extra challenges. As the world shifts around them, it may be difficult for them to be physically present with you week after week. Welcome them back when they are able to join rather than shaming or guilt. When a few weeks pass and they are missing, check in on them with no guilt, just care.

Being fully present with youth can be exhausting. Add complex factors like disabilities and trauma, and being fully present will take all the focus and energy each leader has. This means that the leaders in the room have to take care of themselves as much as possible to avoid further isolating, harming, or neglecting youth. As youth mature, executive functions are still forming. There will be days when the youth present are not at their best and they will be agitated or frustrated. Adult leaders need to know this and be aware of their own capacity when outsized or dysregulated responses take place. “When dysregulation is present, executive functions are not as they should be. The behavior of the dysregulated person combined with an adult who does not know how to deal with dysregulation creates tension. It may also lead to mislabeling a child

³⁰ “What Is Choice Theory? – GIFCT,” GIFCT – committed to developing tools, resources and support for all individuals and organizations who wish to realize the benefits of practicing Choice Theory, January 28, 2021, <https://wglasser.com/what-is-choice-theory/>, accessed 28 August 2024.

or the misunderstanding adult removing themselves from their supportive role.”³¹ What began is a hopeful relationship with intentions of support and faith formation can too easily devolve into hurt and disappointment on all sides. On the part of the leader, this can be a sign of compassion fatigue. Compassion fatigue can show up in several ways such as exhaustion, irritation, indifference, or physically with headaches, stomach aches, insomnia, or depression. An awareness of compassion fatigue and plan to prevent it is needed in working with any youth in any setting.

Compassion fatigue managed leaves room for a focus on faith formation, including faith formation for those with disabilities. The following are five tasks for healthier ministry.³² 1) Audit your own theology and solidify what builds up and unlearn what is harmful.³³ 2) Call out the paradoxes of extraordinary good mixed with difficult or harmful circumstances. 3) Listen, really listen. 4) Rest. Take the commandment for a sabbath seriously and rest so that you may draw close to God. 5) Seek training in general and for the specific impairments of those in your ministry. This is by no means an exhaustive list. The final one could be to be a lifelong learner and add your own elements to this list as you see fit.

Best Practices

There are a handful of best practices for working with youth with disabilities. Consider the list below. What resonates? What need to be adjusted or added?

- 1) Routine is everything. Having a predictable routine with a visual schedule allows youth to focus on what is happening rather than wondering what will happen.
- 2) Safety & accessibility are imperative. Caregivers have spent their lives keeping this beloved child alive. They will be anxious AND in need of support. Ask for advice on accommodations, behavior, allergies, medications, and all things that will create a safe space for everyone involved. Don't pretend to be more knowledgeable or skilled than you are.
- 3) Slow down the pace of any gathering. Transitions likely take longer. Processing takes longer. Be certain to have considerations for those who need more time and those who will move rapidly. It is alright if each youth has a slightly different experience.
- 4) Find ways to minister to caregivers. This may be as simple as giving a few moments away while your group leads a dance party or sending an encouraging text or scripture.

³¹ Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

³² Amy Elizabeth Jacober, “Youth Ministry in a Traumatized World.”

³³ I offer my own primer for considering major theological doctrines including the perspective of disability in *Redefining Perfect: The Interplay Between Theology and Disability* (Cascade Books, 2017). Other notable authors with important contributions include John Swinton, Brian Brock, Letiah Fraser, Amos Yong, Lamar Hardwick, Leon van Ommen, Tom Reynolds, Erin Rafferty, and Seyram Amenyedzi.

- 5) Find ways to involve caregivers. Ask caregivers about their youth. They are the experts. Don't pretend to know more than you do and certainly not more about their child. Send home a brief summary of what you covered so they may talk about and reinforce the principles you covered.
- 6) Create a calm space with sensory support or a low sensory environment as much as possible.
- 7) Use simplified but not babyish language to explain concepts. Find a Bible translation that is accessible.³⁴
- 8) Give clear directions for activities and discussions. Many with impairments are perfectly capable of full participation with clear or repeated directions. As with communication with anyone, look to their body language for understanding and engagement.
- 9) Get to know your youth and utilize their specific interests for engagement and reinforcement. If they are into trains, or a certain musician, or whatever, find ways for this to be part of the games or activities you lead.
- 10) When presenting materials, use visual aids, concrete aids, and videos, if possible, for understanding and engagement.
- 11) Incorporate life skills into your times together such as clean up, taking turns, sharing, etc.
- 12) Take into consideration the child's neuropsychological profile, developmental level, and strengths and interests to adapt appropriately³⁵

Conclusion

Faith has always been something passed from one to another. At times it is directly from the Holy Spirit, but often it is God working through people to pass to others. Enabling faith takes seriously the ways in which impairments and trauma disable youth from being all God has created them to be. This article introduced many concepts that warrant greater attention. Fortunately, there is a great deal written and being written in this very area. The theological mandate for inclusion and belonging for people with all abilities already exists. The specifics of how best minister for and with the disabled shifts with the specific needs of those in your community. Do not try to be an expert in all areas. Rather, be teachable and curious. Be willing to advocate and ask questions. Be willing to say, "I don't know...yet" and then do the important work of learning how to best engage youth in your community. A robust ministry with children and teens with disabilities won't happen overnight but faith has never been in a hurry.

³⁴ The CEV translation has a 6th grade reading level making it one of the most accessible translations in English.

³⁵ Adapted from: Tailoring trauma-focused cognitive behavioral therapy for youth with developmental disabilities and their caregivers, 2022, <https://tfcbt.org/wp-content/uploads/2023/10/TF-CBT-IDD-Implementation-Guide.pdf>. accessed 3 Sept 2024.

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Можливість віри: як служити дітям і підліткам у світі обмежених можливостей

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Анотація: Церква не є такою, якою вона має бути, якщо в ній не присутні всі люди, в тому числі діти та підлітки з інвалідністю. Так було не завжди. Насправді, подекуди це все ще не так. Навіть ненавмисно, брак гостинності для всіх людей глибоко вплетений в історичне богослов'я. Однак це змінюється, що дає підстави для радості. Ця стаття може допомогти спрямувати дискусію в напрямку інклюзії усіх людей, зокрема, дітей та підлітків з інвалідністю. У першій частині статті викладено основи, а також коротко окреслимо такі терміни, як розвиток, інвалідність і травма. Далі ми стисло розглянемо, як інвалідність і травма впливають на виконавчу функцію в житті дітей та підлітків. Хоча все це може здатися непосильним і безнадійним, наступний розділ розглядає, як церква вже має богослов'я і практики, які підтримують позитивні зміни. Нарешті, стаття завершується оглядом деяких найкращих практик, які допоможуть спрямувати майбутні дослідження та дії.

Ключові слова: інвалідність, богослов'я, молодь, посттравматичне зростання, травма.

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